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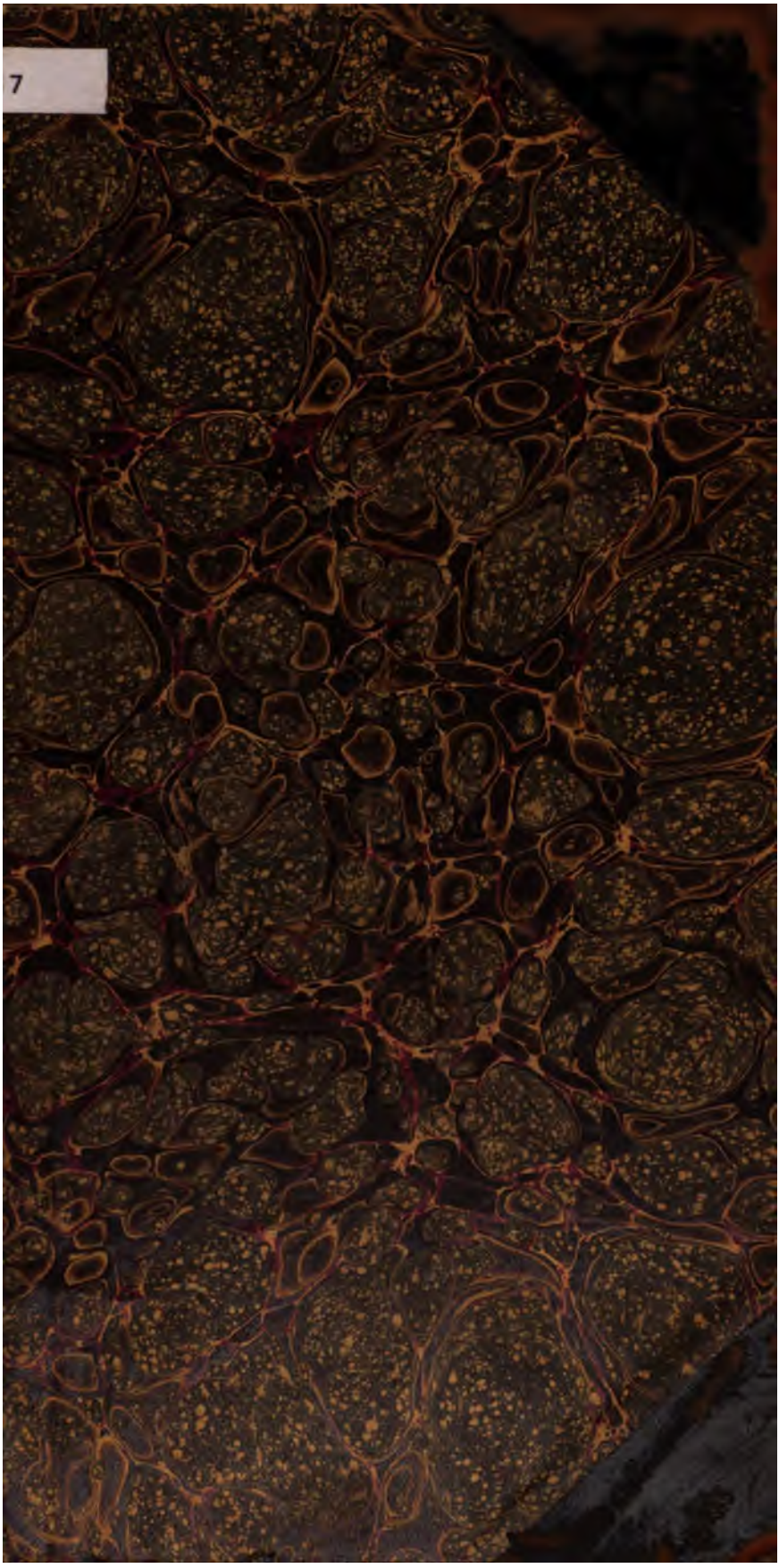
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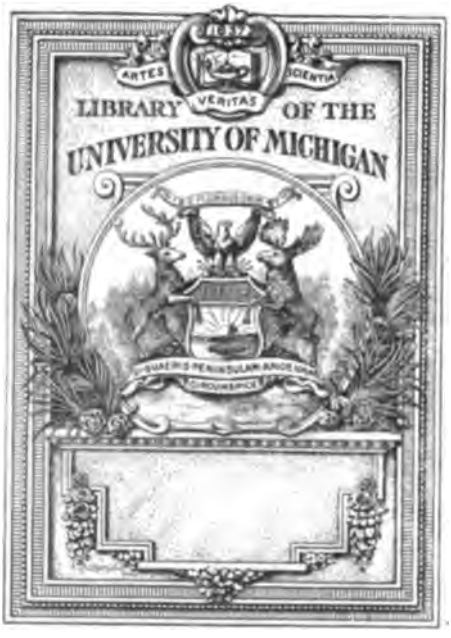
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MATERIA MEDICA.

LITHIUM CARBONICUM.

A LECTURE BY PROF. E. A. FARRINGTON, M. D.

Lithium carb., so far as proved, exerts but little depreciating effect on the vital forces, its main action seems to be about the joints; hence its efficacy in the treatment of rheumatism, and especially of gout.

Of the organs, the heart, stomach, kidneys and bladder are principally attacked; debility was observed in connection with the joint affections.

Mucous membranes are at first irritated and dry, and then they secrete a thick mucus.

The skin is the seat of an annoying itching, and finally becomes raw, sore, or rough and harsh, as in barber's itch.

This itching, it will be seen, accompanies the rheumatic pains.

Studying the symptoms seriatim, we have: confusion of the head; headache on vertex and temples, on awaking; eyes pain, as if sore, could hardly keep them open; menses

ceased suddenly; pain from left temple to orbit, better while eating, returns after eating; black motes before the eyes; eyes sensitive after reading by candle light, right half of objects vanish; pains over eyes; temples feel bound. Here it is like Aurum and Titanium.

Agreeably to its effects on mucous membranes, the conjunctivæ are dry and painful; the lids feel sore while and after reading. This is an excellent picture of conjunctivæ asthenopia. Here it is similar to Alumina.

Pain behind left ear toward the neck; pains from throat to left ear.

Nose swollen, red, dry in the nostrils, or mucus drops in the open air, or hangs in posterior nares; similar to Arsenicum. In scrofulous or rheumatic persons, it is part of the irritation which an excess of urates in the blood causes.

The inspired air feels cold; similar to Kali bichromicum and Corallium rubrum. Solid lumps from posterior nares and fauces, worse mornings. Similar to Sepia, Teucrium and Kali bichromicum. Cough: must sit up in bed; worse lying down; comes from a spot in the throat.

Gnawing in the stomach before a meal, with the pain in the left temple to orbit. Fullness in the stomach; can bear no pressure. Fruit and chocolate cause diarrhœa; some eructations.

Tenesmus of the bladder; pains at the neck of bladder; urine turbid, flocculent; pains down ureter and into spermatic cord and testicle, followed by red turbid urine and mucous deposit.

Menses late and scanty; pains worse in left side of body.

The heart symptoms are so closely connected with the rheumatic that they must be mentioned together. Rheumatic soreness about the heart; valvular deposits; feels worse from mental agitation which causes fluttering of the heart. Similar to Natrum mur., Sepia and Calcarea ost. In valvular deposit compare also Kalmia and Ledum.

Pains in the heart when bending forward. Pain in heart, better when he urinates; jerks or shocks about the heart.

Swelling, tenderness and sometimes redness of last joints of fingers.

Whole body was puffy and increased in weight.

The flabby fat is common to the alkalies.

Clumsy in walking; weary standing.

Sometimes intense itching of the sides of hands and feet at night, without any apparent cause. This itching is owing, probably, to an excess of urates in the blood. Hence in chronic rheumatism and gout. The pains generally worse in joints, especially knees, ankles and finger joints. Pains usually go down the limbs. Similar to Kalmia which it resembles in rheumatism. In rheumatism of finger joints compare Calcarea ost., Ledum, Lycopodium, Antimonium crud., and Caulophyllum. Lithium carb. certainly acts well in the relief of uric deposits, as does also Calcarea ost., Ammonium phos., Benzoic acid, Lycopodium and Natrum mur.

Whole body feels stiff; feels as if beaten. Stiff and sore in bones, joints and arms. Borders of nails sore, red; skin grows rapidly and adheres to roots of nails.

Gettysburg water owes its efficiency to this salt; it is hence of use in rheumatism.

From provings it is also of use in ulcers involving the joints, as in caries of the spine, hip, etc., with offensive pus and diarrhœa.

Antidote to Lithium carb. is lemon juice.

AMMONIA SALTS.

Ammonia acts like Potash and Soda, with the important difference, however, that it contains so much water, that it attracts but little from the tissues. Its solvent action on tissues is also less than that of Potash and Soda, still its high diffusive power causes it to easily penetrate the skin, and mucous surfaces, and causes finally ulcers and sloughing. This fact has led to the allopathic use of Ammonia as a rubefacient; it raises blisters in from five to ten minutes.

When the mucous membranes are the seat of attack, a violent inflammation is caused, and irritation results, with symptoms varying with the locality. The common symptoms are burning, rawness, and congestion or copious mucorrhœa.

Taken internally, in moderate doses, there is produced a feeling of stimulation, while large doses develop transient giddiness, exhileration, and increased pulse force; later, drowsiness, and then coma set in. Whether or not uræmia is dependent upon the conversion of urea into ammonia carbonate is too doubtful a question to admit of discussion here, and it is questionable how far asphyxia is a legitimate consequence of Ammonia in the blood.

Therapeutically: Salts of Ammonia are antagonized by Veratrum vir., Aconite, Digitalis, cold and other cardiac sedatives.

Its action is favored by heat, Iodium, Opium, Valerian, Asafœtida, Alcohol, etc.

Ammonia antidotes Hydrocyanic acid.

AMMONIUM CARBONICUM.

Ammonium carb., or smelling salts, is suitable to stout persons; especially women, who lead a sedentary life; who are subject to catarrh, particularly during winter. Of the parts mostly affected we note the mucous membranes, skin, joints, glands, heart, etc. As shown above it is an irritant to the tissues, producing an inflammation which may result in gangrene. The vital powers are sooner or later affected, leading to coma or blood changes, which permit of hæmorrhages of dark fluid blood. If long used in small doses, a sort of scurvy ensues, teeth are loose, mucous membranes soft, bleeding and accompanied by hectic fever. The drowsy, comatose condition is interesting as suggesting Ammonium carb. in low states of vitality, induced by some blood poison, as scarlatina, or by deficiency of oxygen in the system, dependent upon chronic bronchitis, with atony and copious mucus through the lungs, dilatation of the bronchi, emphysema, œdema pulmonum, etc. In such cases the patient is weak, sluggish, coughs but rises with difficulty or not at all, yet loud râles announce plenty of mucus; drowsiness, cool surface, muttering, grasping at flocks, like Antimonium tart., Carbo veg., Arsenic, etc. Ammonium carb. is useful for carbonized blood when it is the result of catarrh of lungs, etc., in old or atonic patients,

when the inability of the blood to appropriate oxygen is owing to insufficient air in lungs, from dilated bronchi, relaxed walls, etc.

When the case is one of scarlatina, the adynamia is just as evident, as exhibited in the dark red throat, and drowsiness; in addition there are swelling of cellular tissue of the neck, right parotid large, nose stuffed up, skin red with a miliary rash, child starts from sleep in a fright, can not breathe with the mouth closed. Compare Lachesis which is inimical, and so must be well distinguished. Belladonna, but this has here a more bright red throat and no miliary rash. Rhus tox. has left parotid enlarged and more restlessness. Also Ailanthus, Nitric acid and Sulphur.

Cerebral symptoms, though the pulse is not usually rapid, mucous membranes affected, nose stuffed up, worse 3 P. M. Compare Kali carb.

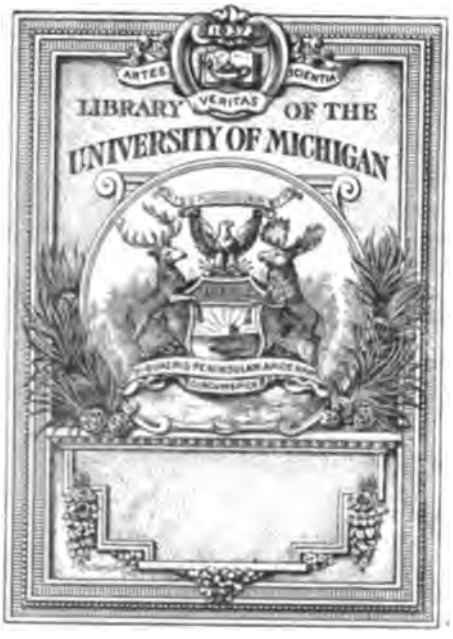
Child can not breathe with mouth shut, so often awakes as if smothering. Compare Lycopodium, Chamomilla, Sambucus, etc.

Burning water from nose, throat sore, hoarseness. Ammonium caust. is best in aphonia with burning rawness; if also paralytic weakness, look to Causticum.

Cough worse 3 A. M. as from dust in throat or with heat and burning in trachea as from alcohol; worse every winter; sputum slimy, contain specks of blood, with burning and heaviness in chest, worse ascending; face red; body trembling; frequent morning sneezing. Laurocerasus also has these specks of blood. No remedies are superior to the Ammonias in winter coughs.

In diphtheria and putrid sore throat; nose stopped up; child starts from sleep; throat bluish; offensive breath; drowsiness.

Heart and circulation primarily affected; palpitation and asthma at every exertion; ebullitions at night, seems as if heart and veins would burst; when in warm room, pale, can not move, must sit quiet to breathe; dyspnœa and palpitation on exertion; on going to sleep starts as if frightened, can not breathe; veins of hands swell and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can not be controlled by it, and it should not be depended upon.

Aconite has a specific action on serous membranes, and is one of the best, if not the very best remedy in most cases of puerperal peritonitis; in the treatment of these cases, when given low, and in doses repeated every one or two hours, it has served me remarkably well, rarely having lost a case where I have had charge from the first. Our good friend, Dr. Gardner, of Philadelphia, at a reception at Dr. W. M. Williamson's, in February, 1853, in response to a toast, assured us that Aconite was a specific in puerperal peritonitis, and I have found his statement entitled to much confidence.

The symptoms given by Hering, indicating this remedy, are: suppression of the lochia; mammæ lax, empty; skin hot and dry; pulse hard, contracted and frequent; eyes wild, staring, glistening; tongue dry, abdomen inflated, sensitive; which, taken in connection with the anguish, fear, restlessness, etc., so characteristic of this drug, gives us a correct picture of the condition of our poor patient.

Guernsey, in speaking of this disease, makes use of the following language: "In cases of pure puerperal peritonitis the lochial discharge will sometimes continue undisturbed, while in cases of inflammation of the uterus, either in that of inner surface or its muscular tissue, or of both, the lochia may be much diminished, or even entirely suppressed; and yet in these latter cases the young physician will be most wofully deceived, who allows himself to believe there is no child-bed fever because he finds no particular swelling or tenderness of the abdomen.

The *grave* nature of this disease and the great liability of the diagnosis being faulty, justifies, nay demands that it be as carefully studied as possible, and the physician should have a realizing sense of his responsibility however painful it may be to him."

Suppressed discharges, as the lochial, menstrual, and lacteal, if caused by anger, or fear, will usually be restored by this remedy, and remove the evil consequences of such suppression.

It is the first remedy in nearly all acute inflammatory affections, in the first stage, indicated by chilliness, heat, thirst, skin dry and hot; chilliness increased by moving, as is also the pain, anguish and restlessness; worse at night, pulse small, hard and frequent, with fear of approaching death. It is especially indicated in fevers when there is blindness, giddiness, nausea, paleness of the face in raising the head from the pillow, and all the movements are made in an excited and hurried manner, and attended with trembling.

These symptoms are often well-marked in the cases of young children, who, in haste to drink, will seize the tumbler and spill the water over themselves. Water is the only thing relished, everything else has a bitter taste.

Spasms of the larynx, nearly always come on in the night, wake the patient from sleep, choking and strangling, with great sense of suffocation, jumps out of bed, runs to a window and opens it to get breath. Here it has never failed to relieve my cases promptly, and I have seen many of them. Patient thinks he will surely die, and is much frightened.

Gastralgia, with vomiting of bitter, green, bilious matter, with spasmodic pains in the stomach, with burning from the stomach up through the œsophagus to the mouth, often with copious sweating, and relieved by pacing the room hurriedly.

Colic forces him double, yet relieved in no position, often attended by bilious vomiting. Gastric derangement, constipation and fear that it will kill him. In these colics, and gastralgias, I have always used it in the third and repeated every five, ten, or thirty minutes as required.

Retention of urine in children; they cry and scream, apparently suffering much. Here, also, Aconite has seldom failed me; it usually relieves the pain, which is soon followed by a free discharge.

Dysuria. Aconite has never failed to be of benefit in cases with the following symptoms: frequent inclination to pass urine, with great pain and difficulty in doing so, the discharge being at the same time very small in quantity,

often passes only in drops, presenting a dark red, muddy appearance; these symptoms will generally yield, or, at all events, become materially relieved by its employment.

In some cases its use may be followed to great advantage by Cantharides.

(Suppression of urine, often met with in aged people, in the last stages of some acute affection, has been more frequently removed by Sulphur, in my hands, than by any other remedy.)

Pain in the side, in advanced pregnancy, with fear of approaching death, usually in the splenic, but may be in the hepatic region, is usually relieved by Aconite.

It has hæmoptysis with intense fear, and great arterial excitement, chilliness, or even violent shaking chill, aggravated by uncovering or moving, anguish as of approaching death.

When rheumatism is translated to the heart, giving rise to alarming symptoms, I have always used Aconite low, and repeated the dose at short intervals; if it fails to control the symptoms, its use may be followed by Arsenicum.

In the early stages of enteritis mucosa of young children, it is a valuable remedy, and if it does not control the disease, it doubtless modifies its future course, both in severity and duration. Its use should be continued for several days, and if used low, at first, higher attenuations should be tried before changing to another drug.

Its action predominates on the left side. It often relieves the cough of old smokers, which is usually worse in a warm room, and at night.

It relieves the nervousness following child-birth; and is indispensable in the breast or milk fever, with, or without excessive lochia.

In nearly all cases of ephemeral fever, it is the only remedy necessary, removing all unpleasant symptoms in a few hours. Here I prefer the 30th or the 200th.

In scarlet rash, purpura rubra, this is the specific remedy, rarely necessary to give any other. Have seen many cases of this affection in Ohio and southern Illinois; it is

usually confounded with scarlet fever, and Belladonna prescribed, which will do little or no good. It is easily distinguished from scarlatina by the dark redness of the eruption, and pressure of the finger leaves no white imprint. There is more of a papular appearance to the eruption than is usually present in scarlatina.

It controls many of the diseased conditions following scarlet fever, when it should be used low, and in sensible doses, which bear repetition.

I have seen it control copious, continuous, and exhausting sweats; in which condition sponging the patient with water as hot as can be borne, often helps.

It will cure colic in horses, when they turn upon their backs, extend their legs into the air, and wriggle like a dog. It will also cure thumps in horses.

FRAGMENTARY NOTES.

J. D. TYRRELL, M. D., Toronto, Ontario.

THEA CHINENSIS.

Mrs. W——, reports that *every time* she drinks a good strong cup of tea, she has startings just as she is "going off to sleep." *Dreams she is falling off some high place,* or sliding off a roof, and wakes up in fear. This symptom is so constant and so troublesome that she has given up the use of tea—she always used best uncolored Japan.

SACCHARUM ALB.—QUINIA SULPH.

Called to see Miss M——, suffering from periodic headache; gave her Lachesis 75m. (Fincke), two powders, an hour apart, followed by Saccharum album in solution, one teaspoonful every fifteen minutes; dissolving a few pellets of pure Saccharum alb. in water, *churning it violently* with a spoon. Next day I found her down stairs, and much better; but she accused me of giving her Quinia sulph. I never gave her or any one else a dose of crude Quinine as I do not keep it lower than 200th, and do not believe in violation of our law.

She said that as soon as she began taking the medicine in the tumbler (Saccharum alb.), *she became deathly sick and faint, thought she would die, could not raise her head, and felt as if she would sink bodily through the bed.* Each dose made this symptom more pronounced, and it ceased only when she stopped taking Saccharum alb.

The Sulphate of Quinine *always* produced that symptom no matter how her physician disguised it, or how small a dose he gave, hence she thought I had given her the drug. This Quinine symptom is *a true one*, and I regard its production by Saccharum alb. as equally genuine; and have made note of it (as is my rule), for future and further verification by proving or clinically. Some of our most valuable symptoms are elicited by *individual provers*, and also by provers when in *peculiar conditions*, but are nevertheless valuable. Just as we recognize validity of peculiar mental or physical peculiarities in like persons, or still finer shades of distinction in twins which none but close observers can or do distinguish, so must we allow for *personality*, as it were, in drugs and the more closely they are similar the more carefully must we search for the delicate lines and shadings that go to make a *true portrait*. The other remedies having like symptoms are—and I thank Drs. Berridge and Skinner for the information—Belladonna, Dulcamara, Rhus tox., and Lachesis, which have "feeling of *sinking through bed.*"

Arensicum alb. has "every time she awoke from sleep, a faint and sinking sensation *as if bed had gone from under her and she had alighted on the floor.*" I have since found this last in "The Homœopathic World," January 1887, page 46.

CUPRUM SULPH.

A lady remarked in my presence, that she could not use powdered Cupri sulph. for "stamping" fancy work, because it *made her face hurt and swell so she could scarcely see and her lips became everted, "turned inside out"* she said. I purposed finding out a more detailed account, but have not yet succeeded.

DOCTRINES OF THE ORGANON.

PRIMARY AND AFTER-EFFECTS.

LEWIS BARNES, M. D., Delaware, O.

We are told in section 63 that "Every drug * * * produces a certain change in the state of health of the body," and that "this is called *primary effect;*" that there is a reaction of the vital force which "endeavors, to oppose this effect * * * and it is called after-effect or counter-effect." And that (§ 64) "during the primary-effect * * * our vital force seems to be only receptive or passive," "compelled, as it were to receive the impression made upon it by the drug," but that afterwards "it seems to rally," "and the result may be twofold,"—first, "the exact counterpart of the primary effect;" second, "where nature affords no exact opposite condition," the vital force appears "to put forth its superior strength" to extinguish the effect of the drug and to establish "the normal state of health, which is the *after-effect, or curative-effect.*"

The "twofold" action referred to, called counter-effect and after-effect, amount to the same thing, for in (§ 65) they are no less than four times employed thus together.

Hence our drugs are to be so given that the so-called primary effects must correspond with the symptoms of disease. They are, indeed, the chief, if not the only forces of the drugs, those that come afterwards in an opposite or counter form being the opposing powers of the vital force. The point here is, that cure results, not really from the drug, but from vital action excited by it; this is opposite the disease, because it is against the drug which acts like or with the disease. But medicines given in seeming opposition to disease are really in opposition to the vital force, which is acting or reacting against the disease. This action of the drug, therefore, may serve to check disease in a measure, that is to palliate it, but in so doing it weakens and impairs the vital force, which is the only really curative agency. And thus permanent mischief is likely to result.

Such is the clearly expressed doctrine of the Organon. It is not my present purpose either to approve or deny its truth, but simply to show what the Hahnemannian teaching is, and, as far as his authority is concerned, to settle the vexed question as to whether cures are wrought by the primary or secondary effects of drugs. The point is clearly in favor of the primary as the essential agency. It is important to have this fixed in the mind. If any one is in doubt about it he should examine the sections above quoted and see, for a serious matter hangs upon it.

The matter is this: Our provings appear to be made up of an indiscriminate mixture of primary and secondary effects—drug effects and counter-effects of the vital forces, those that are like and those that are unlike. Here lies before me now, while writing this, a published account of a proving, in one of our very best magazines. A drug, no matter what, or what potency, was taken—three, six and nine doses—on three successive days. Would the primary and secondary mix during that time? Let us wave that, for we have ten pages of symptoms recorded day by day for *seventy-four* days—all given as medicinal effects of the drug! recorded as guides for its use! What a mixture of primary and secondary, allopathic and homœopathic, even supposing them all to be drug effects! How much of our Materia Medica has been composed in a similar way? Perhaps you will say that it is reliable and proper for all that, and will appeal to cures in favor of your statement. I have nothing at present to say in reply except *that it violates the clear teaching of the Organon.*

I am aware that it is said (§ 112) that after-effects "are rarely if ever perceived after moderate doses administered to healthy persons for the purpose of experiment; and they are altogether absent after minute doses." This looks, at first sight, as if all effects might be chargeable to the drug as primary. But it may be answered that the implied reason why they do not appear is because they are too weak to be "perceived." We may conclude, therefore, that if counter-effects *do* appear, it is evidence that they belong to the vital force, and not to the drug; and have no proper place in the drug record.

We are told further (§ 115), that some drugs produce effects which appear to be counterparts of other symptoms, but which "are not to be regarded as actual after-effects or counter-effects of the vital force, because they merely vindicate an alternation or fluctuation of the various stages of the primary effect."

These contrary symptoms, moreover, appear only "in regard to certain minor features," and in characteristically important ones. And since they constitute a mere "fluctuation," they should appear in close connection with the characteristic primary effects. If they appear some hours afterwards, can they be called fluctuations? If some days after, are they not "after-effects"? If new symptoms appear after days or weeks, whether contrary to those of the first days, weeks, etc., or not, should they not be assigned to reactions of the system instead of being counted as primary effects of the drug? This is upon the idea that they come in consequence of the drug. But who knows or can know that such is the case? After-effects are not necessarily counter or contrary. Most symptoms, the most important ones, indeed, have no opposites. Such are all the pains. Their opposites are mere absences—states of ease —which are not recorded among symptoms. Such are mental disturbances, the most important of all, since their opposites are normal states. But when the system is impaired or disordered by a drug, or any evil agent, its reaction may appear in many disordered states, depending perhaps upon its comparatively weaker or stronger points. Why count them as characteristics of the drug?

After-effects may be called responses of the system, and each system may respond in its own way, each somewhat differently from every other, just as each man's mind may respond differently from other minds—to the same invading influence. After-effects, therefore, should not be assigned to the drug so much as to the peculiarities of the "prover," which may not appear in another person, or perhaps in the same person at another time. This is an important reason why the experiences of provers should not

be recorded as parts of a Materia Medica, unless they have been repeatedly observed in different persons.

I am aware that these facts will be unpalatable to many of our enthusiastic friends, who do not wish to have their terribly redundant Materia Medica stirred up and shaken. Once, at a meeting of the American Institute, I was privately expostulated with by one of our noblest college professors, for comparing the ideas of members with pure facts. He said they did not like to be held to the strict rules of evidence. But the time is at hand when they must be. We shall never stand upon solid ground until our system is developed this way.

SANITARY SCIENCE.

DISEASES PECULIAR TO SCHOOL LIFE.*

W. JOHN HARRIS, M. D., St. Louis, Mo.

Among the most common diseases met with in school children are diseases of the eyes, caused chiefly by over exertion, or from study when the body is in a weakened condition. Bad or imperfect light may be another cause of near sightedness, also sitting in an improper position during study; but most probably the main cause of eye difficulties is excess of study at the formative period of life; when all the tissues are in a tender state and are thus not in a condition to withstand the extra demand made upon them.

To save the children's eyes from undue strain, large print and good paper should always be furnished and a suitable light should, if possible, come from the left hand side of the scholars, as every one may observe from his or her own experience how much better position this is for study.

There seems to be an increase in the number of pupils suffering with short-sightedness; hence every precaution

* From a paper read before the Mo. Inst. Session, 1887.

that can be, should be adopted to remedy these diseases arising from imperfect accommodation.

Where there seems to be an inherited tendency to eye troubles greater care than usual should be observed. Teachers should try as far as possible to instill the following rules into the minds of the scholars, especially the older ones:

Study with light coming from the left hand or back.

Don't study in a dazzling light, as with the sun shining on the desk.

Position should be erect; neither stooping nor lying down.

Never study in a poor light.

Do not study late at night nor very early in the morning.

After fevers or prolonged sickness of any kind, great care should be exercised in returning to the regular studies.

This rule should be strictly enforced after scarlet fever or measles.

The fine type to be found in some of the text-books and atlases is very injurious to the eyesight of any one, but especially so to young and growing children.

The position that children take in learning to write is often a very improper and unfortunate one, and needs constant watching on the part of the teacher before this habit can be overcome.

Curvature of the spine frequently has its beginning during the period of school life, and above all other causes of spinal weakness I desire special importance to be given to that class of cases due to the strain of position.

From long standing at recitations children are constantly inclined to rest themselves by throwing the weight of the body on one foot, thus curving the spine towards the opposite side. This condition usually escapes the attention of the mother until the frame, fully set by complete bony deposits, cramps the lungs and other organs of the body, thus impeding proper and healthy action of the heart and preventing thorough circulation.

As the development of the brain gives the skull its for-

mation, so the perfect expansion of the lungs produces a well developed chest. The growth and shape of the skeleton is undoubtedly influenced by the activity of its muscles; symmetrically developed muscles will produce straight bones, for this means an equal pressure on both sides of the bone—hence it is not pulled over to one side.

The remedy for crooked bones lies in the early and equal development of the muscles by proper physical training; and any school that educates children intellectually, at the expense of physical growth, fails of its end.

Not for a moment would I decry anything that will tend towards the most thorough education of the intellect; my aim is simply to direct attention to the fact that study can be accomplished without cramped positions; and that weak spines are not at all necessary to the proper education of either girls or boys.

The life of the young school girl from twelve to fifteen years of age is probably the most important period of her whole existence. Usually her health is made or unmade during this time, and her condition is such that it requires peculiar consideration on the part of the teacher.

As soon as menstruation actually takes place the girl should be required to remain in bed, if possible, for the first day during every recurring period for the first year, so that during the time of rest thus imposed, the more active congestion of the pelvic organs may pass off. If instead of this needed rest she be compelled to stand during long recitations, there is induced the commencement of uterine displacements, as evidenced by the dragged out feeling so commonly complained of. The mucous membrane remains in a state of partial congestion, to be aggravated with each returning menstrual epoch.

During the growing period every advantage should be given to the physical development of the girl, or it will be impossible for her to become a strong and useful woman.

Now is the time to stop altogether the regular school duties and studies, and let the child be free from care for one year. She may engage in light studies at home, be instructed in household duties, and take proper exercise

both indoors and out to strengthen the body as much as possible. Give her plenty of sleep, not much study, and no dissipation by going out to parties late at night; and she will more than make up for her absence when she returns to her regular school duties.

A years' delay in the studies of any girl is of small moment compared to the advantage of being strong. With many I do not think there would really be any serious loss of time, if they were allowed to remain out of school for the first year of menstrual life; since they would learn faster and retain what they did acquire very much better if they were in a condition to study. Many of the studies that young girls are compelled to wade through are entirely unnecessary; and are only learned one day to be forgotten the next.

The dress of young girls particularly through the growing period should be such that it does not interfere in any way with the proper development of the abdominal muscles. With use the muscles of the back and abdomen should, and would be, as strong in girls as in boys. Sleep should be regular and long enough to rest both body and mind. School children should as a rule sleep from nine at night till seven o'clock the next morning; this gives ample time for the morning bath, and dressing, after which breakfast can be taken slowly.

When a child goes to bed at eleven or twelve o'clock and rises late the next morning it is a scramble to get off to school, and breakfast is scarcely taken at all; then before noon time, comes the wretched faint feeling from lack of food, headache follows and no appetite for dinner.

In our High Schools, the plan of twenty minutes for lunch and then resuming studies till two or two thirty is most unfortunate for the pupils. The old plan of recess from twelve till half-past one o'clock is by far the best one, and will I hope be again adopted.

The tendency is all the time to overcrowd the children with study and to do this now even the meal hours must be shortened,—there can be no greater mistake. Often we do not see the effects of such a pernicious course at once,

but just at the time when the young woman or young man should be able to withstand the demands of every day business, or household life, the physical and mental force fail.

The organization in youth is so dangerously elastic that the result of these intellectual excesses is not sometimes seen till years after.

When a young girl incurs spinal disease, or other serious trouble, from some slight fall, which she ought not to have felt for an hour; or some business man breaks down in, what should be, the prime of life, from some slight over anxiety, and which should have left no trace behind, the careful physician will see but the effect of mistaken school training, that weakened where it should have strengthened, and stunted where it should have ripened. No child can study properly when the body is but poorly nourished, and I believe the lack of proper nourishment at noon is very often the cause of headaches from which many school children suffer.

During the fall season the usual custom of opening school about the second week in September will often seem to develop malarial fever in school children. This I attribute to the sudden change in their mode of living. They are brought from a life of activity out doors to one of comparative quiet and confinement all at once, at a season when malarial fevers are more apt to prevail. Unusual caution should be taken to prevent this trouble coming on.

Particular care should be taken to prevent the spread of contagious diseases through the medium of school life.

As soon as measles, scarlatina, diphtheria, or small-pox, appear in any family, the other children, should there be any, must remain away from school and every precaution should be taken to prevent the carrying of disease germs in the clothing when the children go out of doors. The sick child should be completely isolated from all other children that may be in the house, not only for their protection, but in justice to all others with whom they may come in contact, both on the street or in street cars.

As to the length of time that should elapse before it is

perfectly safe for the children to return to school after the disease is over; that must be decided somewhat from the severity of the attack. If the disease has been at all a malignant one it will be safe to say that three weeks should pass, after the child that has been sick, has completely recovered, before any other children of the household should be allowed to attend school.

This gives ample time for the possibility of the disease to manifest itself in any other member of the family.

It would be most unwise to allow children to attend school before we have had sufficient opportunity, and time, to discover whether the disease is in their systems, even if they have not come down with it themselves.

There is a difference of opinion as to the communicability of whooping-cough, by children carrying it to school.

While I do not think the disease can be carried in the clothing like small-pox, yet from some cases that have recently come under my notice, I am inclined to think that one child may carry the disease to another previous to the cough being recognized in the one who has been the means of spreading it.

Many parents need to be informed of the great necessity for strictly carrying out these rules for the prevention of contagious diseases; and circulars should be issued, by all school boards, and distributed free every season, stating the reasons for these rules, as a matter of self-protection.

One of the most desirable advances is the appointment, in all our large cities, of a medical inspector.

A lady should be appointed to examine into all cases where the female pupils are not able to attend school, also to see whether there are any girls in a condition unfit to attend to their school duties, and if there are, have them sent home until sufficiently recovered for them to return to their studies without any danger to health.

Such a plan as this is now in operation in some of the eastern states, and also in Paris, where a young woman, having a medical education, has been appointed medical inspector. Her duties are to see that the girls are not overworked, and that they perform their tasks under the

best sanitary conditions possible. This is a good step forward in the direction of practical school sanitation. In most localities attendance upon school is inforced at certain periods when the girls should be privileged to remain at home; and to accomplish this most desirable end I would earnestly recommend that each Board of Education should appoint a suitable lady medical officer, with specific duties for the district under her supervision.

What we are aiming at is to have the girls grow up into strong, healthy, educated women, and many suggestions can be given to the mothers by the visiting medical officer, that will materially help to bring about this desirable end.

Woman's sphere should yet be enlarged, her occupation in many departments ought to be better remunerated, and her education ought still to be further perfected in her special lines of duty; but education that tends to injure her should be avoided, since instead of rendering her strong, capable and more self-reliant, it is calculated by misdirection to make her weak, incapable and helpless, during the years of her life when she most needs strength.

In some districts, also, a physician might advantageously be appointed as medical examiner to look after the boys, and decide all doubtful cases of contagious diseases. As already stated boys need special instruction particularly adapted to their future mode of life.

Educated mechanics is the present and future need of the country, and while it may be beyond our power to improve the education of those men already in the labor field, it should be the aim of all school boards so to direct the course of studies that all boys leaving our public schools may grow up into intelligent healthy manhood. Then may end all strikes.

There is great need that all boys, particularly, be carefully and thoroughly instructed as to the physiological effects of alcohol upon the human organism. With proper and careful instruction as to the scientific use of alcoholic liquors much of the abuse that now prevails may be prevented. The only sure and certain remedy is a more general diffusion of hygienic knowledge.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia., EDITOR.

ORIFICIAL SURGERY.—E. H. Pratt, M. D., Chicago. W. T. Keener, pp. 141, $1.00. This little manual is one of the most original in its subject-matter that has appeared in many a day. There can be no question that the writer has developed a great fact, one that has hitherto had very insufficient attention given it: at the same time is this not a *little* "strong," to put it mildly? "In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain substance that induce insanity, and the various forms of neuræsthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system, or both. In other words, I believe that all forms of chronic diseases have one common predisposing cause, and that cause is a nerve-waste occasioned by orificial irritation at the lower openings of the body." No one who has witnessed the acute local suffering and reflex disturbances occasioned by rectal fissures, urethral caruncle, and the like, can question the fact that serious disturbances of health can originate in these intrinsically trivial lesions, but at the same time, there are few, I think, who would be willing to accept the Doctor's exceedingly broad statement without essential modification. The clinical reports appended are of interest and value, and will scarcely fail to direct the attention of all practitioners to this sadly neglected field; nevertheless, it is equally certain, that the Doctor's methods and theories will undergo considerable change in course of time, leaving enough to entitle him to the thanks of the fraternity. Of course radicalism and enthusiasm are necessary, in all departments of human thought and action, but it is not that qual-

ity which survives; it is the conservatism growing out of these that remains. The Doctor, moreover, should strive to find some terms to take the place of "force of the circulation" and the like, which are not pleasant to professional ears. There can be no question that the practitioner who fails to avail himself of Dr. Pratt's work, will rob his patients, very often, of a restoration of health and comfort; those who are wise enough to buy his book, and practice his methods, will surely have occasion often to make humble acknowledgments to him for a truly invaluable assistance.

PENETRATING GUN-SHOT WOUNDS OF THE ABDOMEN.—One of the most concise and yet eminently classical papers on this subject, was read by Dr. Nancrede of Philadelphia, at the annual meeting of the American Surgical Association, May, 1887 (*Ann. Surg.* June, 1887). The writer is eminently qualified to speak with authority, as apart from his high standing as a surgeon, he was the first in this country, probably, to propose laparotomy in the treatment of such injuries. It seems but yesterday when a perforating gun-shot of the abdomen, or indeed any of the great cavities, was considered to be an accident from which recovery was not to be expected, more particularly if one or more of the viscera was injured. Now quite a different significance attaches to such accidents, at the same time those who are not fully informed are quite prone to give a far too favorable prognosis. Unquestionably a perforating wound of the abdomen, involving the viscera, is quite certain to result in death if treatment is purely expectant; but the fatal result may be precipitated by a laparotomy, if cases are not selected, and the operator is not fully competent. Death may be caused by shock, hæmorrhage, both combined, or peritonitis. Dr. Nancrede thinks hæmorrhage and shock, in many cases, may be considered cause and effect. At all events, those who have had much to do with surgery, know how difficult it is, at times, to differentiate hæmorrhage from shock, and more particularly when both are co-existent, to determine which assume greater

prominence: certainly when hæmorrhage is evidently active, laparotomy and ligature of the source of the bleeding are primary and imperative indications, so much so that any surgeon, even if of moderate attainments and experience, would scarcely be justified in pursuing a merely expectant policy. Our writer says, however: "When a skilled operator cannot be secured, in exceptionally favorable cases the attempt may be made and succeed, but most cases will do better left to nature, than operated on by a bungling surgeon." This is true in every word, from an old school point of view, and to some extent from a homœopathic. But the success of an operation by old school practitioners very largely depends upon the skill of the operator, and the consequent care and thoroughness with which all details are carried out, with little if any attention to medicinal treatment, not, however, from a depreciation of its value, but from want of therapeutic knowledge. How different from our standpoint! We do not by any means ignore operative skill, and careful manipulation, but our resources are so extensive in therapeutics, that often inferior surgeons secure surprising results, under circumstances where the old school practitioners would expect certain failure. I know this sounds "quackish," and perhaps is not in good taste, but a somewhat extensive experience in abdominal surgery enables me to state with the utmost positiveness that good after-treatment will often more than atone for poor or indifferent operative work. Arnica should always be given after such operations as we are now considering, and Arsenic takes its place when the first symptoms of septicæmia are observed. With these two agents alone results will be obtained far more brilliant than the best of those who have not, or *will* not have—such potent agencies at hand. Good *surgery* is of course to be desired, but good therapeutics will often give a result that the *best* surgery could not hope for or expect.

THIN-WALLED CYSTS.—Dr. R. F. Weir (*Ann. Surg.*, June, 1887) in speaking of operations on bursal cysts, relates the following: "*Extirpatian of a sub-hyoid bursa.* The tumor

had existed for fifteen years in a young man of twenty-two, and had attained the size of a small egg. It had been tapped and injected with Iodine at another hospital four months before. Appreciating the difficulty of dissecting out these troublesome thin-walled cysts satisfactorily, I empted this one with a trocar and canula, and then injected into it melted parafine (which liquifies at a point much below boiling heat), and subsequently cooled it with a small bag of ice. The whole procedure did not occupy five minutes, and by its aid I was enabled, after exposing the cyst, by dividing the skin and thyro-hyoid muscles, to remove with great ease the entire sac, even up to its attachment at the posterior border of the hyoid bone, which part would undoubtedly have escaped me had the cyst remained flaccid instead of being rendered a hard dense mass."

HOMŒOPATHIC RECOGNITION.—The last number of the *Annals of Surgery* (June, 1887) reprints the report of Dr. C. M. Thomas, of Philadelphia, to the Homœopathic Medical Society of Pennsylvania, of six cases of supra-pubic lithotomy! This is a most unusual occurrence and leads one to speculate on the possibility of a near approach of the millenium.

CLINICAL MEDICINE.

REPERTORY WORK: AN ILLUSTRATIVE CASE.

R. C. MARKHAM, M. D. Jackson, Mich.

Mr. Blank, aged forty, is a merchant. He is not only at the head of a large business that demands his time often into the night, but is an active church worker, a prominent member of the school board, and has been largely instrumental in organizing a free public library.

He is a small spare man of nervous temperament. For several months he has been running down, and for the first time in his life has deemed it necessary to consult a physician. It seemed all the more prudent to do this since a sister had recently passed from a condition, not unlike his own in many ways, into insanity. He is pale and thin with

a nervous, anxious expression. He complains of a dull, aching pain in the lumbar region, which he forgets when walking about in the open air. He has no appetite. He has bitter taste in the mouth. His bowels are sluggish.

If disturbed by any excitement in the evening he has difficulty in falling asleep. Otherwise his best sleep is before two A. M. about which time or a little later he awakens and sleeps very little afterwards. He gets up tired and exhausted. He feels better in the afternoon.

Ordinary work is performed with great effort and exhaustion.

He has grown forgetful of things read unless unusual effort is made to retain them. He is sensitive to draughts of air. The hands and feet are cold and clammy. He can not sit in easy repose as is usual with him, but moves the hands and feet, changing from one position to another frequently.

We now open our repertory and translate our case into repertory language, and for convenience, we will number the symptoms we wish to work; and, to make our case plain, will make no effort to abridge it.

We have the following translation, and under each rubric are the remedies covering it, as found in the repertories used, with their relative values shown by the type. The large capitals show that the remedy has been verified a great many times under this rubric, and this is true only in a less degree where the small capitals are used, and so on in a descending scale through the four kinds of type used by Bönninghausen to show the relative value of remedies. In summing up my case I designate these as first, second, third and fourth value of symptoms.

So in the choice of a remedy we must take this into consideration, other things being equal.

1. Waking too early.

Acon., Alum., Ambr., Amm. mur., Ang., Ant. crud., Ant. tart., Arn., ARS., *Asaf.*, AUR., Bar., *Bov.*, Bry., Calad., *Calc.*, *Cann.*, Canth., CAPS., Carbo veg., *Caust.*, Cham., Chin., Cocc., COFF., *Con.*, Creos., Croc., Cycl., Dros., DULC., Euphr., Ferr., *Graph.*, Guaj., Hell., *Hep.*, Ign., Jod., KALI.,

Lach., Lyc., M. arct., M. austr., MAGN., *Mang.*, *Merc.*, *Mezer.*, MUR. AC., NATR., Natr. mur., *Nitr.*, *Nitr. ac.*, N. VOM., Olean., Phos., *Ph. ac.*, *Plat.*, Plumb., Puls., RAN. BULB., *Ran. scel.*, *Rhod.*, Rhus, Sabad., Sabin., Samb., *Sassap.*, Scill., *Selen.*, SEP., SIL., Spong., *Staph.*, Sulph., SULPH. AC., *Thuj.*, Verat., *Verb.*, Viol. tr.

2. Aggravation from exertion of mind.

Agar., *Ambr.*, Amm., ANAC., Ang., Arg., Arn., *Ars.*, *Asar.*, Aur., Bell., *Bov.*, Calad., CALC., Carbo veg., Cham., *Chin.*, *Cina.*, Cocc., Coff., COLCH., *Cupr.*, Dig., Hell., IGNAT., Jod., Kali., *Lach.*, Laur., LYC., Mgs., M. arct. *M. austr.*, *Magn.*, Magn. mur., Mang., *Men.*, Natr., NATR. MUR., N. mosch., N. VOM., OLEAND., *Par.*, *Petr.*, Phosph., Ph. ac. *Plat.*, *Puls.*, *Ran. bulb.*, SABAD., *Selen.*, SEP., SIL., Stann., *Staph.*, Sulph., Tar., Vit., Zinc.

3. Nervous debility.

Acon., *Alum.*, Ambr., Amm., Ang., Arn., *Ars.*, ASAR., *Aur.*, BAR., BELL., Bry., CALC., Camph., Carbo an., Carbo veg., *Cham.*, CHIN., Cic., Cocc., COFF., Colch., CON., Croc., CUPR., *Dig.*, *Graph.*, Hell., *Hep.*, *Hyosc.*, IGNAT., JOD., Lach., *Laur.*, Led., *Lyc.*, M. ARCT., M. austr., MAR., MERC., Mosch., Mur. ac., NATR., *Natr. mur.*, Nitr., Nitr. ac., *N. mosch.*, N. VOM., Op., Petr., PHOSPH., *Ph. ac.*, PLAT., PULS., *Rhus*, *Sabin.*, Sassap., Sec. corn., *Selen.*, *Sep.*, SIL., Spig., Spong., STANN., *Staph.*, *Stram.*, SULPH., Sulph. ac., VALER., Veratr., VIOL. OD., Vit., Zinc.

4. Remedies acting on lumbar region.

Acon., *Agar.*, ALUM., *Ambr.*, Amm., *Amm. mur.*, Anac., ANG., *Ant. crud.*, *Ant. tart.*, Arg., ARN., *Ars.*, *Asaf.*, ASAR., Aur., Bar., BELL., Bov., Bry., CALC., Camph., *Cann.*, *Canth.*, Carb. an., *Carb. veg.*, CAUST., Cham., *Chel.*, *Chin.*, *Cic.*, *Cina.*, *Clem.*, Cocc., Coff., COLCH., COLOC., *Con.*, Creos., Cycl., Dig., Dros., *Dulc.*, EUPHORB., Ferr., *Graph.*, Hell., Hep., Hyosc., Ignat., JOD., KALI., *Lach.*, *Laur.*, *Led.*, LYC., M. arct., M. austr., *Magn.*, Magn. mur., Mang., *Mar.*, MEN., Merc., MEZER., Mosch., Mur. ac., *Natr.*, NATR. MUR., *Nitr.*, *Nitr. ac.*, N. vom., *Oleand.*, *Par.*, Petr., Phosph., Ph. ac., Plat., *Plumb.*, PULS., *Ran. bulb.*, Ran. scel., Rheum, Rhod., RHUS, RUTA, Sabad., SABIN., Samb., Sassap., Sec. corn.,

Selen., Seneg., SEP., Sil., Spig., Spong., *Stann.*, *Staph.*, Stram., *Stront.*, SULPH., Tar., *Thuj.*, *Valer.*, Verat., Verb., Viol. od., Viol. tr., Vit., ZINC.

5. Aggravation from a draught of air.

Acon., Anac., BELL., CALC., CAPS., *Caust.*, Cham., CHIN., Coloc., Graph., HEP., *Ignat.*, KALI., Lach., Led., M. austr., Merc., Mur. ac., *Natr.*, Nitr. ac., *N. vom.*, Phosph., Puls., *Rhus*, Sarsap., SELEN., *Sep.*, SIL., Spig., SULPH., *Valer.*, Verb.

6. Aggravation in the morning.

ACON., AGAR., Alum., AMBR., *Amm.*, AMM. MUR., ANAC., *Ang.*, ANT. CRUD., ANT. TART., *Arg.*, ARN., Ars., Asaf., Asar., AUR., *Bar.*, *Bell.*, Bism., *Bor.*, *Bov.*, *Bry.*, *Calad.*, CALC., Cann., Canth., *Caps.*, *Carb. an.*, CARBO VEG., *Caust.*, Cham., CHEL., *Chin.*, Cic., *Cina.*, *Clem.*, *Cocc.*, COFF., Colch., Coloc., CON., CREOS., CROC., *Cupr.*, Cycl., *Dig.*, DROS., *Dulc.*, *Euphorb.*, EUPHR., *Ferr.*, *Graph.*, GUAJ., *Hell.*, HEP., *Hyosc.*, IGNAT., *Jod.*, *Ipec.*, KALI., Lach., Laur., *Led.*, *Lyc.*, *Mgs.*, M. ARCT., M. AUSTR., Magn., *Magn. mur.*, Mang., *Mar.*, Men., *Merc.*, *Mezer.*, Mosch., Mur. ac., NATR., NATR. MUR., NITR., NITR. AC., N. mosch., N. VOM., *Oleand.*, *Op.*, Par., PETR., PHOSPH., PH. AC., Plat., *Plumb.*, Puls., RAN. BULB., Ran. scel, RHEUM, RHOD, RHUS, Ruta, Sabad., SABIN., Samb., *Sarsap.*, SCILL., Sec. corn., *Selen.*, *Seneg.*, SEP., *Sil.*, *Spig.*, Spong., *Stann.*, STAPH., STRAM., Stront., *Sulph.*, *Sul. ac.*, TAR., *Thuj.*, *Valer.*, VERAT., VERB., *Viol. od.*, Viol. tr., Vit., Zinc.

7. Remedies occasioning bitter taste.

ACON., *Alum.*, Ambr., Amm., *Amm. mur.*, Anac., Ang., Ant. crud., Ant. tart., ARN., ARS., *Asaf.*, Asar., Aur., *Bar.*, *Bell.*, Bism., (Bor.,) Bov., BRY., CALC., Camph., *Cann.*, Canth., *Carb. an.*, *Carb. veg.*, Caust., CHAM., Chel., CHIN., *Cocc.*, Coff., Colch., Coloc., CON., Creos., Croc., Cupr., *Dig.*, DROS., Dulc., Euphorb., Euphr., Ferr., *Graph.*, Hell., *Hep.*, Hyosc., IGNAT., Jod., *Ipec.*, KALI., *Laur.*, Led., LYC., M. arct., *Magn.*, MAGN. MUR., Mang., Mar., Men., MERC., Mezer., *Mur. ac.*, NATR., NATR. MUR., *Nitr. ac.*, N. mosch., N. VOM., Oleand., Op., Par., *Petr.*, *Phosph.*, Ph. ac., *Plumb.*, PULS., Ran. bulb., Rheum, Rhodod., *Rhus*, Ruta., SABAD.,

Sabin., *Sarsap.*, Scill., *Sec. corn.*, SEP., *Sil.*, *Spong.*, STANN., Staph., Stram., Stront., SULPH., Sul. ac., Tar., *Thuj.*, Valer., VERATR., Verb., Viol. tr., *Zinc.*

8. Want of appetite.

Acon., *Agar.*, *Alum.*, Ambr., *Amm.*, Amm. mur., Anac., Ang., ANT. CRUD., *Ant. tart.*, *Arg.*, ARN., ARS., Asaf., Aur., BAR., BELL., *Bor.*, Bov., BRY., Caust., Calad., CALC., Cann., CANTH., Caps., Carb. an., Carb. veg., *Cham.*, Chel., CHIN., CIC., *Clem.*, Cocc., Coff., *Colch.*, Coloc., CON., Creos., Croc., Cupr., CYCL., *Dig.*, Dros., *Dulc.*, Euphorb., Euphr., *Ferr.*, Graph., *Guaj.*, *Hell.*, Hep., Hyosc., IGNAT., Jod., *Ipec.*, Kali, *Lach.*, *Laur.*, Led., LYC., *Mgs.*, M. arct., *M. austr.*, Magn., *Magn. mur.*, *Mang.*, Mar., MERC., *Mezer.*, Mosch., Mur. ac., Natr., NATR. MUR., *Nitr.*, *Nitr. ac.*, N. mosch., N. VOM., *Oleand.*, OP., Petr., *Phosph.*, Ph. ac., PLAT., Plumb., PULS., Ran. bulb., Ran. scel., *Rheum.*, *Rhod.*, RHUS, RUTA, SABAD., Sabin., SARSAP., Scill., Sec. corn., *Selen.*, Seneg., SEP., SIL., Spig., Spong., *Stann.*, Staph., Stram., Stront., SULPH., *Sul. ac.*, THUJ., Valer., *Veratr.*, Verb., Viol. tr., Zinc.

9. Pale face.

Acon., Alum., Ambr., *Amm.*, Amm. mur., ANAC., ANT. TART., *Arn.*, ARS., *Bell.*, Bism., Bor., Bov., BRY., *Calc.*, *Camph.*, Cann., *Canth.*, Caps., *Carb. an.*, Carbo veg., *Caust.*, *Cham.*, Chel., CHIN., *Cic.*, CINA., CLEM., Cocc., Colch., *Coloc.*, CON., Creos., Croc., CUPR., *Dig.*, Dros., Dulc., Euphorb., Euphr., FERR., Graph., *Hell.*, Hep., Hyosc., *Ignat.*, Jod., *Ipec.*, KALI, Lach., Laur., *Led.*, LYC., Mgs., M. arct., Magn., *Magn. mur.*, MANG., *Mar.*, Merc., Mezer., Mosch., Natr., NATR. MUR., Nitr., *Nitr. ac.*, N. mosch., N. VOM., Oleand., Op., Par., *Petr.*, PHOSPH., PHOS. AC., PLAT., *Plumb.*, PULS., Rheum, RHUS, *Sabin.*, Samb., SEC. CORN., Selen., SEP., SIL., SPIG., *Spong.*, STANN., *Staph.*, Stram., SULPH., Sulph. ac., VERATR., *Zinc.*

10. Amelioration when walking in the open air.

Acon., ALUM., Ambr., Amm., *Amm. mur.*, *Anac.*, Ang., *Ant. crud.*, *Arg.*, Arn., Ars., *Asaf.*, *Aran.*, AUR., Bar., Bell., Bism., Bor., Bov., Bry., Calc., CAPS., Carbo veg., Caust., Cic., Cina., CON., DULC., Graph., Hep., Hyosc., Ignat.,

Kali., Laur., LYC., M. arct., M. austr., MAGN., MAGN. MUR., Mang., *Men.*, Merc., *Mezer.*, *Mosch.*, Mur. ac., Natr., Natr. mur., Nitr., Nitr. ac., Op., *Phosph.*, *Ph. ac.*, *Plat.*, Plumb., PULS., *Rhod.*, RHUS., Ruta., SABIN., Sarsap., Selen., Seneg., *Sep.*, Spig., *Spong.*, Stann., Staph., Stront., Sulph., Sulph. ac., TAR., Thuj., Veratr., *Verb.*, *Viol. tr.*, Zinc.

11. Cold feet.

Acon., Alum., Ambr., *Anac.*, Ars., Aur., Bell., Bufo., CALC., CARBO AN., CAUST., Chenop., Chin., Cinnab., Cist., Cocc., CON., Creos., Daph., Dig., Dros., Ferr., Gels., GRAPH., Hipp., Hipp. m., Hyosc., Jod., IPEC., KALI C., Kali chl., Lach., Lact., Laur., Lyc., Mgn. s., Mang., Merc., Merc. cor., Mez., Mur. ac., NATR. C., Natr. m., NITR. AC., Oleand., Petr., Phosph., Plat., Plb., RHOD., Samb., Sars., Scill., SEP., SIL., Stann., Staph., Stront., Sulph., Sulph. ac., Tart., Verat., Zinc.

12. Cold hands.

Acon., Ambr., Apis., Ars., Aur., Bar. c., Bell., Benz. ac., Carbo veg., Caust., Cham., Chin., Cocc., Cupr., Dig., Dros., Elaps., Gels., Hell., Hep., Hipp. m., Hyosc., Iod., IPEC., Kali c., Lach., Lyc., Merc., Mez., Natr. c., Natr. m., Nitr. ac., Nitr., Nux m., Nux., Ox. ac., Petr., Phosph., Ran. b., Rhus., Rumex., Scill., SEP., Sulph., Tabac., Tart., Thuj., Verat., Zinc.

13. Restlessness of legs and feet.

Actea. r., ANAC., Ars., Bar. c., Carbo v., Caust., Chin., Con., Croc., Ferr., Glon., Graph., Kali c., Lach., Lyc., Mgn. c., Mgn. m., Meph., Merc., Mosch., Natr. m., Natr. s., NITR. AC., Ox. ac., Plat., Prun., Psor., Rhus., Sep., Sil., Sulph., Zinc.

14. Perspiration of feet.

Acon., Amm. c., Ang., BAR. C., CALC., Cannab., Canth., CARBO VEG., Cocc., Creos., Cupr., Cycl., Graph., HELL., Hep., Iod., KALI C., Lact., LYC., MGN. M., Merc., Natr. m., Nitr. ac., Petr., Phosph., Phos. ac., Plb., Puls., Sabad., Scill., SEP., SIL., Staph., SULPH., Thuj., Zinc.

In looking over our fourteen rubrics we find about all the remedies embraced in the repertory running into our

case, and it seems very uncertain what our choice is to be. To make this uncertainty and confusion plain I arrange all the remedies running into the case in an alphabetical list and then go through the rubrics, drawing a line after each remedy every time found in a rubric, properly underscoring and numbering it, to show its value in the summing up of the case.

In this case I have excluded all remedies that did not run into it ten times, and have preserved the abstract exhibited on this and next page, for comparison and reference.

We glance over our case now and see that Lyc., Nitr. ac., Sep., and Sulph., run highest into it.

Lyc. appears thirteen times, with nine characteristics. Nitr. ac., the same number of times with an equal number of characteristics, but not of the same rank.

Other things being equal, Lyc. outranks Nitr. ac. in the case. Looking further we find Sep. and Sulph., having all the symptoms of our case. In the value of symptoms, Sep. takes precedence, having thirteen characteristic marks, eight of them occupying first place.

Before opening our Materia Medica, Sepia becomes our choice of remedies with the evidence plainly before us. Turning now to our Materia Medica we find our choice confirmed there.

1. Waking too early.	Bönninghausen.
2. Aggravation from exertion of mind.	
3. Nervous debility.	
4. Remedies acting on lumbar region.	
5. Aggravation from draught of air.	
6. Aggravation in morning.	
7. Remedies occasioning bitter taste.	
8. Want of appetite.	
9. Pale face.	
10. Amelioration when walking in the open air.	
11. Cold feet.	Lippe.
12. Cold hands.	
13. Restlessness of legs and feet.	
14. Perspiration of feet.	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL.				
															=	–	—	0	
Ars.	1	1	1	1		1	1	1	1	1	1	1	1		12	2	2	3	5
Aur.	1	1	1	1		1	1	1		1	1	1			10	1	2	1	6
Bell.		1	1	1	1	1	1	1	1	1	1	1			11	0	3	3	5
Calc.	1	1	1	1	1	1	1	1	1	1	1			1	12	3	6	2	1
Carbo v.	1	1	1	1		1	1	1	1	1		1	1	1	12	2	0	2	8
Caust.	1			1	1	1	1		1	1	1	1	1		10	2	0	4	4
Chin.	1	1	1	1	1	1	1	1	1		1	1	1		12	4	1	3	4
Con.	1		1	1		1	1	1	1	1	1		1		10	1	6	2	1
Ign.	1	1	1	1	1	1	1	1	1	1					10	0	5	2	3
Kali.	1	1		1	1	1	1	1		1	1	1	1	1	12	3	4	0	5
Lyc.	1	1	1	1		1	1	1	1	1	1	1	1	1	13	2	5	2	4
Natr. c.	1	1	1	1	1	1	1	1	1	1		1			11	1	3	2	5
Nat. m.	1	1	1	1		1	1	1	1	1		1	1	1	12	1	5	0	6
N. vom.	1	1	1	1	1	1	1	1	1			1			10	6	1	1	2
Nitr. ac.	1		1	1	1	1	1	1	1	1	1	1	1	1	13	2	2	4	5
Plat.	1	1	1	1		1	1	1	1	1	1		1		11	1	3	3	4
Puls.	1	1	1	1	1	1		1	1	1				1	10	2	3	1	4
Rhus	1		1	1	1	1	1	1	1	1		1	1		11	2	3	2	4
Sep.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14	8	2	3	1
Sil.	1	1	1	1	1	1	1	1	1		1		1	1	12	5	3	2	2
Sulph.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14	3	4	2	5
Zinc.		1	1	1		1	1	1	1	1	1	1	1	1	12	1	0	1	10

NOTE.—The numerals from 1 to 14, inclusive, at top of table, represent the different symptoms as numbered on last page.

The value of the symptom is indicated in above table by underscoring the figure 1. Thus = indicates the highest value (corresponding to CAPS); = indicates one degree less (corresponding to SMALL CAPS); – indicates a still lesser value (corresponding to *italics*); while the unscored figure is the lowest degree (corresponding to the usual Roman type).

For example: Ars. has 12 of the 14 symptoms, of which 2 are of the highest degree, 2 of the 2d degree, 3 of the 3d degree, and 5 of the 4th or lowest degree.

Sepia is therefore given our patient, with some advice. At the end of a week he was sleeping better, appetite returning, pain in back less, work not so burdensome and general appearance better. This prescription was made March 14, 1887. Our patient has been under observation until now May 15, 1887, and improvement being continuous has received no more medicine. He has continued his usual work and it is fair to presume that our prescription was the simillimum of the case.

There is much of an instructive character to glean from this case. First, we learn what a great help even incomplete repertories are in the choice of the curative remedy.

By this scheme all drugs embraced by the repertory, pass before us for inspection. We guess at nothing. If we do not find the indicated remedy, the case is not fully taken, our Materia Medica is incomplete, or the fault rests with an imperfect repertory.

Sepia is here brought into prominence as a valuable remedy in nervous exhaustion, a sphere in which the profession at large have not so regarded its usefulness. I can not emphasize its value too highly wherever the totality of the symptoms calls for it, and they often will in this class of troubles.

Our abstract places in easy and ready comparison a list of valuable medicines for a class of troubles of which this case is a representative. As our cases vary in the totality of their symptoms, one or another of these may come into first place and be our choice.

We get some notion also of the order in which remedies are likely to be useful.

We are thus able to verify the observations of Hering as recorded under relationship, in his condensed Materia Medica, and possibly add others of our own.

I need not add that the careful working of our complicated cases, gives us a greater familiarity with the marvelous resources of our therapeutic storehouse, and makes off-hand prescribing far easier and more successful.

Only the abstract of our cases need be preserved and the record of the case can be kept on the back of this and filed away in an ordinary letter file devoted to this purpose.

I hope this case may call out valuable suggestions from those long familiar with repertory work, and also prove a help to those yet unacquainted with its advantages.

And last, but not least, I trust it will add to the demand for a repertory, that shall be fully up to our present state of therapeutic measures as represented in our drug provings.

A VERIFICATION.

B. LEB. BAYLIES, M. D., Brooklyn, N. Y.

TÆNIA SOLIUM: *Lycopodium.*—The son, seven years old, of C. K., who was himself subject to tape-worm for several years, was first observed a year ago to pass portions of the worm daily, joints often escaping involuntarily. Since last summer he took repeatedly, at intervals of a week, Lycopodium 45m, several times, omitting it for several months, till May 4th last, when he presented, beside the worm, the following symptoms, which had formerly been to some extent relieved by this medicine: Marked irascibility; aversion to be looked at; voracious at times, capricious appetite; pain in the abdomen often relieved by eating; abdominal distension worse in the afternoon; boring with the fingers in the nostrils.

Lycopodium, millionth (Fincke), one dose dry on the tongue, followed by Sac. lac., and five days later another powder if symptoms require. He took both doses and the day after the last powder voided a tape-worm of great length, which was inspected by a Vienna graduate of pharmacy with the aid of a microscope, and found complete, the head and all. A few days after the passage of the worm I found the boy well and cheerful, without any distension of the abdomen, and he continues perfectly well (June 8, 1887).

CURARE.—Constant hawking, with trickling of clear, albuminous mucus down the throat. In post-nasal catarrh. Cured many patients.

GYNÆCOLOGY.

CHLOROSIS.

H. P. HOLMES, M. D., Sycamore, Ill.

CASE.—Miss Y. applied for treatment January 26. Commenced complaining last August, and since that time has been constantly under treatment by two of our best allopathic physicians. The only result of this treatment has been to let her grow worse continually. She has been treated for prolapsus uteri which was brought on, as she supposed, by over lifting. For this condition she has been subjected to local treatment and applications and has worn a pessary for the past month.

The patient is a blonde, medium height and build and usually has a waxy complexion; now her skin is rather pale and of a greenish-yellow color. Careful questioning brought out the following symptoms:

She complains principally of nervousness and palpitation of the heart. These symptoms began last August at which time she felt frequent sharp pains through the heart, accompanied by rapid beating and sensation of great anxiety. Has had more or less sharp pains around the heart ever since. Is very restless at night and during sleep. Feels very tired on awaking in the morning. Twitches and jerks a great deal and moans in her sleep. During her visit to me her head, chin and hands trembled and jerked almost continually. Her bowels are very costive, with very difficult movements. Brick dust sediment in the urine. Back aches a great deal, low down across the sacrum. Her menstrual periods have been irregular and the flow very scanty. There is a slight leucorrhœal flow, whitish or yellowish in color, and recently there has been a dragging or bearing down feeling in the pelvis. She cries very easily and sweats a great deal, especially while eating.

I ordered the pessary removed until there was further evidence of its being needed. On account of the promi-

nence of the nervous symptoms, crying and sweat while eating, I prescribed Ignatia 200 four times daily.

February 3.—Reported but little if any better. In the meantime a more careful study of her symptoms convinced me Sepia was her remedy, and I gave her the 3x, a dose forenoon and afternoon, and the 200 on rising and retiring.

February 11.—Reported as follows: Have not had palpitation at all, and there is less pain around the heart. Some days does not have the pain at all. Is not nearly so nervous. Sleeps much better and feels more rested in the morning. Her mother says she is less restless at night and a great deal less nervous during the day time. Has not felt any sensation of prolapse and has not worn the pessary. This is her menstrual week, and while she has considerable pain it is not so severe as usual. Her bowels now move regularly, although they are still costive. Urine not so high colored and no sediment. Back ache continues, but not nearly so severe. Sweats just about the same, mostly while eating. Sepia 200 continued four times daily.

February 18.—Has taken a slight cold, but feels better in every way. Placebo.

March 9.—She seems quite well. Has gained in flesh, and her complexion, which before was a sickly yellowish-green, is now quite rosy and healthy looking. She is in excellent spirits and declares herself quite well. Her family are delighted with the results of her treatment and think her rapid and positive improvement something wonderful.

From this case we may learn:

(*a*) That a diagnosis made up from physical examinations and objective symptoms is not always the best indication for the successful treatment of the case.

(*b*) That a mistaken diagnosis leads to a wrong course of treatment by our regular (?) brethren.

(*c*) That "the totality of these symptoms, *this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force,* must be the chief or only means of the disease to make known the remedy necessary for its cure, the only means for determining the selection of the appropriate remedial agent."—Organon, § 7.

(*d*) That it is better to note down the totality of symptoms and prescribe the true simillimum than to be well up in diagnosis and not to know what to do for your patient.

CIMICIFUGA-CORRIGENDUM.

WM. JEFFERSON GUERNSEY, M. D., Philadelphia.

In the August (1886) number of the St. Louis *Periscope*, p. 290, appeared an article by myself, entitled "Homœopathic Prophylactics," a little paper prepared for the "International Hahnemannian Association." At the bottom of p. 292, in said article, will be found a reference to the use of Cimicifuga as a means of rendering labor short and easy. I am glad that I therein intimated that I had not experimented with it myself, and regret that I did not wait until I had thus proven its value (or cussedness, as I now believe) before rushing it into print. It is not a new suggestion, and doubtless every practitioner has heard it recommended for that purpose, but my California friend* laid such stress upon its value that I did not hesitate to give it the prominence it seemed to demand. Since that date I have had some sad experiences with it, and it is with a sole desire of warning others *not* to use it that I now write.

I determined to prescribe it in ten cases and note the result. I administered it as advised, using the one thousandth potency (Tafel), which I knew to be good, until the thought occurred to me that, as my friend was a low dilutionist, I would not follow in his successes unless I employed the potency he had doubtless used, and then gave to two cases the 3x (Bœricke).

Case I, was confined before I could reach the house, although found without delay. I was in great glee until I learned that this had been her *usual programme*, a fact I had neglected to ascertain.

Case II, said she thought she had "rather a better time of it," but if so I am thankful it did not fall to my lot to attend her, as she was on this occasion sick twelve hours

* Dr. Breyfogle, of San Francisco.

after I arrived (having been in agony for hours before), and from which condition I finally relieved her by use of the forceps, a procedure I much dislike.

Case III, said she was longer and suffered more than ever before.

Case IV, had an exceedingly long and difficult labor.

Case V, said she thought her labor was rather easier, but as I had attended her only eighteen months before, I thought that she appeared to suffer more than at the last labor, the suffering of which she may have partly forgotten "in joy that a man was born."

Cases VII, VIII and X deserve no special mention, save that they were not favorably affected by the remedy.

It is with cases VI and IX that I have most to say, and it is an interesting fact that those two, the most difficult cases, should have received different potencies, one the 3x and the other the M. *Before labor:* Severe labor-like pains, preventing sleep and lasting at intervals for several weeks—both cases. (Some of the others had similar pains, though less severe.) *During labor:* When labor finally set in, which was much over the calculated time, the pains were terribly severe and ineffectual; she would cry out in perfect frenzy, because her child could not be born, and upon examination but little progress could be detected. *After labor:* Severe after-pains; sleeplessness; chilliness on motion; fever; cold sweat; cessation of lochia; copious, frequent, watery, frothy stools, accompanied by pain and followed by prostration; craving for beer; marked despondency (thinks she will die); headache; viscid mucus in mouth as well as throat, which is very offensive to patient and exceedingly difficult to detach, causing nausea; urine dark, scant, and brownish; delirium one night (one case only); cough; sensitiveness to noise; one patient had a clock stopped that had hung inoffensively at the opposite end of her bed-room for years; complete anorexia; abdominal pain (indescribable), with soreness there. The above is a picture of both cases, though one was much more severe; the symptoms were grave and were difficult to remove—Verat. being of more service than any other drug

in relieving the diarrhœa and cold sweat and generally low condition and restoring the lochia. While attending the first case I wrote to Dr. C. Carleton Smith, stating symptoms, having all the time in my mind the fear that I had caused the trouble, but neglecting to mention to him the fact of using the drug. His reply was, "Use Cimicifuga; it has all the symptoms." Imagine my wrath. No antidote could be found in the books, so I concluded to try a different potency and gave the 200 in water with a relief of some symptoms.

Whether the western climate has aught to do with my friend's successes in this matter is a question—at all events it is not a drug for Philadelphians to trifle with.

The only prophylactic that I *know* to be of real value is the indicated homœopathic medicine. Few pregnant females are exempt from some aches and pains or abnormal mental conditions, and these symptoms furnish the sole indication for the remedy that will lighten labor. *This* others have proven. *This* I have again and again tested, and upon it hang my sole hopes of ameliorating that which can never be cured, O woman! for "in *sorrow* thou shalt bring forth children."

[At the time the paper was read we were astonished that so good a Homœopath and so accurate a prescriber as Dr. Guernsey, should have adopted such an empirical recommendation, on the *ipsi dixit* of any man. That Cimicifuga will work wonders as an ante-parturient, *when indicated*, no one who has ever given it a trial will for a moment doubt. But, like Caulophyllum, Pulsatilla, Viburnum opulus, and many others, it must be prescribed on its symptomatic indications, or it is worthless, even positively injurious. To give Cimicifuga, or any other remedy, for dystocia, as such, is empiricism, pure and simple. The abnormal conditions, the aches and pains, mental and physical, of the pregnant woman, are the only true guides in such cases, and rightly interpreted and carefully prescribed for will certainly conduce to a normal and painless labor. If every physician who now prescribes Cimicifuga as a specific for difficult labor, will adopt a systematic ex-

perimentation with, say twenty-five cases, as did Dr. Guernsey, and carefully record the results, he will see a new light in his obstetrical world.—ED.]

SOCIETIES.

AMERICAN INSTITUTE OF HOMŒOPATHY.

FIRST DAY.—EVENING SESSION.

The Fortieth Annual Session and Forty-fourth Anniversary of the American Institute of Homœopathy was held at the Grand Union Hotel, Saratoga Springs, New York, on June 27, 28, 29, 30, and July 1, 1887.

At 8:20 P. M., sharp, the gavel of the President called the Institute to order, and the announcement was made that the Institute was now ready to proceed to business.

After prayer by the Rev. Dr. Joseph Carey, of Bethesda church, Saratoga, Dr. S. J. Pearsall was introduced, who, on behalf of the local committee, extended the hospitalities of the Springs. President Orme accepted the invitation on the part of the Institute, and returned thanks.

The President then read his annual address, which was well received, being at many points interrupted by applause. It was a masterly effort, and held the vast audience throughout.

The President's Address.

Our Earth has borne us once again around our Sun, and once again our Institute has come to this delightful rendezvous—where all things worked so well one year ago.

I should be worse than graceless were I to allow one moment to pass on this occasion without referring to your generous action with regard to myself at your last meeting. Prostrated by an illness that deprived me of the pleasure I had so fondly anticipated, of taking my Institute friends by the hand, I was reflecting upon my deprivation when the surprising intelligence was flashed to me by your direction, that you had elected me to the most exalted position, in my view, in the medical world—that in which I now

appear before you. It was *medicine by telegraph* you sent me, and well it did its intended work; it cheered, it comforted, it inspired and strengthened me: It cheered me to know that I was not forgotten in my illness and enforced absence; it comforted me to find that I had such friends, with such confidence in me, and a desire to show it; it inspired me with a feeling of gratitude and with a determination to do my utmost to make this year of our noble Institute, in which I have had the pleasure of twenty-eight years of membership, the best, if possible, in its history; it strengthened and encouraged me to be assured that I should have the support, in my efforts, of a worthy body of men and women, such as forget not friends during absence—and now it is a supreme gratification to me to be able to stand before you, to meet you face to face, and to tell you, with earnest soul, that the honor you have done me, and the kindness you have shown to me, shall never, never be forgotten.

The imperious shadow which has darkened the doorways of so many private circles during the past year, has appeared also at the portals of our Institute, and has beckoned away some of our truest and best—some of our most loved and cherished. Your necrologist will give the roll of these, with proper notice of each—but there has passed from among us one who should receive more than the ordinary mention—for he was not an ordinary, but a pre-eminent man: When we were compelled to yield up Dr. Alvan Edmund Small, we felt that we were suffering an inestimable loss. He was an early member of the Institute, one of its presidents, a "Senior" and a veteran. He was an early and a late teacher as a professor, and an early and a late author of works that will live long after him. He was honored in many ways, and he wore his honors, as he performed his duties, well. The world would be better for the life of more of such men, as it is better for his. We may "emulate his virtues," which were many, and which we know, but we may not be called upon to "avoid his vices," for if such there were we knew them not.

We cannot forbear mingling our sorrows as we meet

together and miss our old and good friends and comrades who have labored long and faithfully with us—but, as in other fields in the battle of life, when our ranks are broken we must close up, even if with saddened hearts and press on.

THE PROGRESS OF HOMŒOPATHY.

during the past year has not only been satisfactory, but cheering. It will scarcely be necessary, however, to refer to this in detail. The twenty-six journals of our school that visit your tables, laden with the best that the literature of the profession affords, have acquainted you with this. Your bureau of organization, registration and statistics will present you with statistics showing our growth, and the number and importance of our institutions.

SIGNS OF PROGRESS.

In eighteen hundred and twenty-five there were in the United States probably about ten thousand physicians, all told. There are now probably about eighty thousand non-homœopathic physicians, an increase of eight fold.

In the same year, eighteen hundred and twenty-five, appeared in the person of Dr. Gram, the first convert from old medicine to homœopathy, in America. Now there are about ten thousand homœopathic physicians in this country —an increase of ten thousand fold!

At this rate of increase, how long will it require for homœopathy, instead of "dying out," to become the majority school? Would it not have already become so, if the old school had not adopted so much from the new method, and modified its own?

Forty years ago we had no colleges or other institutions. Now we have thirteen flourishing colleges, with many hundreds of matriculates and graduates annually. We have a large number of hospitals, asylums, dispensaries, pharmacies, etc., and perhaps one hundred and fifty societies, the number of all of which is constantly increasing.

The attempt to ignore such progress and such strength is indeed like "kicking against the pricks."

But these figures do not fairly represent our progress. It is not enough to consider that the number of our prac-

titioners has increased in a marvelous degree during the past forty years, and that all of our institutions have sprung up within this time, but we must also take note of the wonderful mitigations in the severities of old school practice, which we all claim have been largely due to the influence of our school. We may also claim, with pride and pleasure, that we have contributed largely to the improvement of the therapeutic methods of "old physic" —albeit these contributions have too often been appropriated without thanks, or even acknowledgement of their source.

It is no honor to prominent teachers of another school that, while they have endeavored to belittle our art, pretending that we have contributed little to the general store of medical knowledge, they have made large and important drafts upon our improved therapeutics—presenting them as original discoveries. The distinguished physicians referred to are well, very well known to us all. Some men have been immortalized by their genius, some by their folly, some by their research and knowledge, and some by their audacious plagiarisms.

The increasing general respect shown to our system, with the larger share of official positions held by members of our school, are not among the least of the evidences of the progress we are making; while the large bequests and contributions, state and private, for the establishment and endowment of hospitals and asylums, to be under homœopathic administrations, show appreciation of the merits of our method of practice, and are certainly encouraging.

That the dominant school has failed to obtain the desired control of medical legislation in many of the states, is another indication of the strength of our influence.

The wonderful progress of the new school in this country as compared with that in Europe, is due in large degree to our freedom from the military domination which prevails there. With us, that succeeds which appears reasonable, and can show its superiority; while there, if a new method does not chance to meet with the approval of the medical department of the military system—which controls all

such matters—no quarter is likely to be shown. We should therefore jealously guard our birthright, and not allow a military dictatorship in our more civil government. Our committee on medical legislation will look to this. "Eternal vigilance is the price of liberty," and we should not fail in this while there are those who would wrest from us our rights.

In connection with a review of the progress of homœopathy, and in order to show the various changes of ground which its opponents have been forced, from time to time, to make, it may not be uninteresting to take a brief retrospect, so that we may compare the past with the present:

THE ERA OF THE CHARGE OF "FALLACY."

In the early days of homœopathy it was looked at askance. It was new, therefore it was suspicious. It opposed existing theories and practice, therefore it was a fallacy. Being such, although not investigated, it was not to be tolerated. Those who adopted it were simply to be tabooed. Its practitioners, however thoroughly accomplished as physicians and as gentlemen, were now to be excluded from professional recognition and denied the courtesies and assistance of those who had been their professional brethren. Feeling became amazingly bitter. Epithets were used with regard to those who accepted the new "heresy" that were neither professional nor polite, that we can afford to forgive, and that need not be repeated here. But it must not be forgotten that it was this unseemly and unprofessional ostracism on the part of the majority that *forced* the minority, for their own protection and improvement, to form associations of their own, and thus to become known as a sect. Let the responsibility for this division in the profession, if evil it be, rest where it properly belongs.

But time and experience brought more sober reflection, and some of the wiser heads remembered, upon being reminded of the fact by other wiser heads, not only in the profession, but among the laity, that the exclusion of brethren on account of fallacy, real or supposed, was itself a demonstrated error—that attempts of this kind had been

made from the most ancient times, not only in medicine, but in religion as well, and that disaster had generally attended such blunders. It was recalled that we have no infallible and authorized censors in these matters, and that the assumption of such right, in a liberal age, was insufferable. Examples were shown to be not infrequent of the fact that those who assumed to be in possession of all knowledge were lamentably ignorant, and it was made manifest that what was, at one time, declared to be heretical and monstrous, was, at another time, accepted as demonstrated truth. Besides, it had to be admitted that people even have a right to adopt and entertain fallacies until these can be overcome by argument and enlightenment—not by coercion.

So this cry of "fallacy" ceased—but not the prejudice. Some other pretext must be devised for holding off the erring brethren. Then came

THE ERA OF THE CRY OF "EXCLUSIVISM."

It was asserted with regard to those who accepted the doctrine of *similia, similibus curantur*—whatever else they might know or believe—that they "practiced upon an exclusive dogma, to the rejection of the aids actually furnished by experience, and by the sciences of anatomy, physiology, chemistry, etc.," and on this account were unworthy of professional fellowship. A vain attempt again! As our colleges and our journals increased in number and in strength, it was found to be impossible to maintain this position—for was it not daily and constantly proved that all of the branches of medicine and surgery that were ever taught in any colleges or journals, were as thoroughly taught and as fully insisted upon in these? Was not the charge simply a slander?

So, with a position thus untenable, the era of the cry of "exclusivism" was not of long duration. The leaders of the prejudiced opposition must make another shift, however, and show some other reason for refusing to extend that courtesy and to render that assistance which commonsense and humanity sometimes demanded—and then was coined the charge, if possible, more futile still, that homœopathists were

"TRADING UPON A NAME."

and therefore must be denied the benefits of affiliation! Not being experts as controversialists, it did not at first occur to them that there was involved in this imputation the important admission that this "name" had grown so potent that numbers sought its shade and its advantage—that it had not died, and was not "dying out!"

The era of an aspersion so illogical, so puerile, as well as so devoid of truth—so slanderous and so dishonorable to its utterers, could, of course, not be of long continuance, and so we have passed on to the era—even the present era—of the charge, the dreadful, heinous charge of

"SECTARIANISM."

Those who have, under one pretext or another, and after one misrepresentation or another, held that homœopathists should not be regarded as regular physicians, and fit persons with whom to consult, finding that the despised heretics would not die in accordance with their prophecies, and could not be obliterated by being ostracised and maligned—but that they rather grew in strength, popularity and importance, notwithstanding all this unprofessional opposition—and that loss was suffered by refusing consultation with them—resolved upon another change of attitude: In order to make a show of reason for a still hostile position and at the same time invite a surrender by the erring party, it was at last, and is now declared, that opposition is not made to us upon the former scores, but that our offence is that we are a *sect*, and have a *sectarian name*—averring that we may practice what we please if we only give up our odious distinctive title.

Let us, then, since we are fairly confronted with this last ground of complaint, consider to what degree of attention it is really entitled:

Is it really so sinful to be a sectarian—especially when the formation of the sect was a necessity, as has been shown, from the improper action of the complaining majority? Is there not, somehow, a sect called "regulars" or "allopathists," as well as one called homœopathists?

And might not "regular" be considered a good name to trade upon? Have not sects existed, and to the advantage and progress of civilization, since the earliest times of which we have any history? Does it not seem as though we owe nearly all the advancement that has been made in religion, science, art, politics and medicine, to the work that has been done by sects or schools? Where should we be but for them and their enthusiastic labors? We read in Josephus that "the sect called Christians is not extinct unto this day," and the term sectarian has, long since, ceased to be really a term of reproach—has lost all its terrors in the view of liberal minds.

The fundamental law of our land, the Constitution of the United States, properly secures the right of its people to assemble together in bodies, as sectarians, if they choose —for it is one of the natural, inalienable rights of those who hold peculiar views, especially when persecuted, to unite themselves together for their common objects and their common good. Sectarianism, of which all history is full, should rather be encouraged than suppressed—the people being benefitted, if parties suffer, and it is a marked evidence of weakness in the opposition that the best point they can make against us is the pitiful one that we bear a special name—when we have a reason for it that is so good.

Let us then be a sect, if we must, and continue to advance the cause of medical science, as we have done; but let us not be factious, as have been some of our prejudiced opponents. Let us be a liberal sect, working in our own sphere, holding the even tenor of our way, while we treat with respect, and wish God-speed to all other sects who think they can do better work by laboring honestly upon other lines—and let us use no undignified or unbecoming epithets.

Who can estimate the loss to medical science, especially in the departments of *materia medica* and therapeutics, if the work of homœopathists, as a sect, could be stricken from the record? We may be a sect, striving in our own way for the advancement of the profession that we love so

well—but we need not be a faction, obstructing others, defaming others, bringing reproach upon us all, and retarding general progress. We should be liberal, as our Institute is liberal—tolerating a variety of views upon various subjects.

We surely may, as a body, lay just claim to being liberal. While united upon *similia*, we embrace some who are regarded by other some as entertaining vagaries of woeful tendencies. We include the "high" and the "low," the dynamizationist and the strict materialist; those who think we should adhere to the ideas and teachings of a "master" of half a century ago, and those who think we should keep abreast of the tenets and teachings of more modern times, using the measures of any and every school when available; and I do not know but we may even tolerate a few who are disposed to think that we might now afford to yield to the seductive wooing of the other side, and dispense with our characteristic title!

Yes, Homœopathists of all phases of thought are welcome under the canopy of our Institute. The homœopathist who cannot find himself in congenial companionship here, must be a victim of some misapprehension, have some fancied grievance, or be of so fault-finding a nature as to have no just claim upon our attention.

While we are a sect, in a proper sense, and from the necessity of the case, we are *not* a sect in an evil sense, or from a desire to be separate from the general profession of which we are a part—any more than is the allopathic branch, which can be called regular only as a distinguishing designation, and not on account of any essential regularity in its method of practice.

That it is reprehensible to be a member of a sect, *per se*, is a preposterous proposition.

Notwithstanding all the affectation of holy horror upon the subject, it is *not* a sin, it is *not* a crime, it is *not* a vice, to be one of a sect united in an honorable cause.

Specialization is in accordance with the laws of development and of progress, and a liberal profession should not unreasonably oppose the formation or existence of as

many sects or schools as can be found to do good work, but all of these should be regarded as parts of one brotherhood—all alike laboring for the common benefit of humanity.

The profession being divided into schools, and the distinctions being known, however imperfectly, it is only fair and honorable that each member should allow the community to know with which branch of the profession he is aligned, that persons may select or avoid, as they choose.

But the era of the charge of sectarianism—a charge that is weak in itself, and that accomplishes no purpose, must soon pass—indeed is passing—and we now see the dawn of

THE ERA OF TOLERATION,

when we may look for more of common sense, more of courtesy, and more of consistency. It is coming to be realized that, while there may, and probably from the nature of things, must be sects, there can still be common respect and co-operation. We can see the foreshadowing of a better day in the tone of some of the leading men of the old school, who, with more wisdom than some of their *confrères*, recognize the true situation. That liberal, and sensible, and even kind words are used toward us by representatives of a school which was wont to treat us only with contumely, is a harbinger of a better time coming. As illustrations of the character of expressions referred to, may be given the following:

The *New England Medical Monthly* published last year a communication from Professor Romaine Curtis, of the Chicago College of Physicians and Surgeons, on "Rational Medicine and Homœopathy in Relation to Medical Ethics," which closes with these paragraphs:

"To conclude, it is impossible at present to indicate the grounds for reconciliation between these pathies from the scientific basis of coming medical practice, but I have no doubt that there will be such a reconciliation, and good grounds for it.

"The medical profession are well acquainted with the new code, which assumes that ethics among gentlemen needs no particular definition, and includes a feature denying that it is a penal offence to hold a consultation with a homœopath.

"Nearly all the criticisms of this code show a most profound

ignorance of homœopathy, and regular medicine as well. The man who thinks there is more science and less art in one or the other is only a man ignorant of the status of rationalism in medicine as well as its scientific possibilities. Persecution has made homœopathy rich, and kept not a few of its professional rivals poor. It pays in no possible way to persecute or pretend to ignore homœopathy, or to say that it is a system of charlatanry. Even if this were true, it would not pay to say so, and it pays less because it is not true. The often repeated assertion that 'a physician to be a homœopath must be first either a knave or a fool' has no foundation in fact, and has been worth its millions to the homœopathic profession. The system is old enough now to live on its merits, and free consultations and free intercourse and common medical societies will put homœopathy on its merits, and advance the cause and science of medicine and its much doctored ethics."

And the *Pacific Record of Medicine and Pharmacy* shows wisdom by giving the finishing touch to an editorial in the following well-tempered suggestions:

"We are of the old school, educated in the strictest interpretation of its dogmas, and for nearly half a century have obeyed its dictum, but, perhaps, 'the sunset of life gives us mystical lore,' and we realize how much more is to be gained by a courteous acquiesence in something we cannot help than an unsuccessful contest against the inevitable. Let us modify our code—let us extend to members of other schools, if not the hand of fellowship and communion, at least the olive branch of peace, and recognize them as followers of Him 'who came to heal the sick.'"

These sentiments come to us from the two extremes of our broad land.

Others are coming to, upon the same line, and we have only to continue on in our dignified and consistent course to secure the respect of the most obdurate of the opposition.

And now, what response are we to make to the overtures of the liberal and progressive members of the old school—that large, growing and respectable portion who adhere to the ethics of the "new code?" A very simple one:

Your new code is our old code—the code of the Golden Rule—the code of common sense and of humanity—the code we have held to and have been controlled by, all the while. Our Institute defines the term *regular physician* as

"a graduate of a regularly chartered medical college. The term also applies to one practicing the healing art in accordance with the laws of the country in which he resides." Any one thus belonging to the profession is in duty bound to respond to calls for assistance from any medical brother, or from patients who may wish his counsel in connection with another physician—and he has not a right to decline on the pretext that he is of a different school. The medical profession has long been divided into schools—probably always will be—the laws of the land recognize it as one thus divided; but it should not be divided in purpose, nor should its members fail to answer, with alacrity, calls to co-operate in the interest of suffering fellow-beings. Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of our art, and let us all, eschewing bickerings, so act as to uphold the dignity and honor of our profession, and thus command the respect of the world at large.

Homœopathists, then, having no thought of relinquishing their distinctive title, under present conditions,

WHAT IS THE TRUE BASIS OF HARMONY?

First, the Golden Rule; second, the acceptance, by the profession at large, of the definition adopted by the American Institute of Homœopathy, of the term, "regular physician;" third, the recognition and co-operation of members of different schools, under the above conditions. These three articles constitute the basis, and the only sound basis, for the future harmonization of the medical profession.

The duty of making suggestions is one which I shall allow to rest but lightly upon me. There are, however, several recommendations which seem called for, and which it would show a remissness to omit:

All along through the controversy concerning Homœopathy, charges which are entirely in conflict with the truth have been made against those represented by this national body. These have been repeated from the chairs of medi-

cal professors, through medical journals, by the general press, and from mouth to ear among the laity. Our journals have not so general a circulation, and our personal denials and disproofs of these unjust aspersions cannot reach so far—so that, with many, the misrepresentations of the enemy have passed unchallenged, and with some it is not even known that the false statements referred to have met with the repeated and emphatic refutations which they have received. In view of these and other facts, I recommend the adoption by the Institute of a declaration or resolutions in effect as follows:

Resolved, 1st. That the American Institute of Homœopathy adheres, as it has always done, to its *object*, as declared by its founders in the first article of its Constitution, namely: "the improvement of homœopathic therapeutics, and *all other* departments of medical science," and that it is proud of its achievements up to this time.

2d. That the imputations cast upon the character and intelligence of the early Homœopathists (who were converts from the old school practice), by many of the profession, were the result of ignorance and prejudice, were unprofessional and unworthy of the members of a scientific and liberal profession.

3d. That the charge made at a later date by the American Medical Association that members of the homœopathic school "practiced upon an exclusive dogma, to the rejection of the aids furnished by experience, and by the sciences of anatomy, chemistry, physiology, etc.," is absolutely devoid of foundation in fact.

4th. That the still later charge by some of the profession (the above having been demonstrated to be untenable), that Homœopathists "trade upon a name," is not only a slurring attempt to check a winning cause, but is a positive calumny.

5th. That the most recent and present position of a portion of the medical profession, that Homœopathists are blameworthy for consorting under a denominational name, thus constituting a "sect," is a flimsy pretext, and an insufficient excuse for refusing to extend to them the usual courtesies of the profession.

6th. That the responsibility for the division of the profession into schools, as far as Homœopathists are concerned, rests upon those who, by an illiberal and unprofessional course—refusing to examine into the doctrines of the new school, and aspersing and ostracising its followers—rendered the closer association of these latter a necessity.

7th. That there is no demerit in belonging to a sect, provided it be engaged in a good cause, and its methods be tempered with liberality; and that it will be expedient for Homœopathists to continue to be a sect until their work shall have been accomplished, in securing a proper consideration of the doctrine of *similia similibus curantur.*

8th. That inasmuch as the position of the homœopathic school has been largely misrepresented, all fair-minded editors of medical and other journals are requested to give space in their pages for these resolutions.

INTERNATIONAL MEETING.

From your delegates you will learn of the successful and interesting International Congress of Homœopathists at Basle, in Switzerland, last August. Our country was honored by being selected as that in which the next quinquennial meeting shall be held. While it is perhaps too early for us, as a body, to make any arrangements concerning this meeting, which will probably be held in connection with the session of our Institute, it may be well for us, as individuals, to consider about means for making the next the grandest of all of our international gatherings.

INTERNATIONAL HOMŒOPATHIC PHARMACOPŒIA.

At the meeting referred to, among other excellent papers presented, was one by Mr. John M. Wyburn, F. C. S., of London. It was important, as it discussed a subject upon which this Institute should, in my judgment, take action, namely, "the need of an International Pharmacopœia." The argument in that paper is complete, and need not be enlarged here. We claim to have a system which is a refinement in medicine, and we should aim at exactness and uniformity. That Homœopathists of all countries should have a uniform standard for the preparation of their medi-

cines, goes without saying. I content myself, therefore, with an emphatic recommendation that the committee of this Institute upon a Homœopathic Pharmacopœia be instructed to co-operate with similar committees of homœopathic societies of other nationalities in the production of a pharmacopœia that shall be regarded as an authoritative and standard work.

PRECISION IN MEDICATION.

It may be questioned whether we have availed ourselves, as we should have done, of the results of the original researches of our bureau of pharmacology. This work has been in the right direction, and should be prosecuted further. We have much valueless material among our treasures, and the work of elimination should proceed. The demonstration of the fact that the principal vehicle for our triturations is often found to contain more foreign medicinal material than it is possible there could be of the substance triturated in some of the attenuations, should certainly awaken more attention than it has done; and every care should be observed in securing vehicles for our triturations and dilutions that are as near to absolute purity as possible.

It is by reviewing our own work, and correcting our own errors, that we shall not only make real progress, but that we shall secure the respect of the scientific world.

We, as a school, claiming to have a more definite and accurate method in prescribing, should aim at the utmost degree of precision as regards our Materia Medica and therapeutic appliances. On this account we should prove carefully, repeatedly, scientifically—under test conditions—and hold fast to that which is good. We have many articles that we know to be good, and we should learn further of their qualities, avoiding a waste of time upon questionable substances. Hahnemann's words should be well considered when he says (*Organon*, § 122): "No other medicines should be employed (in provings) except such as are perfectly well known, and of whose purity, genuineness and energy we are thoroughly assured."

Let us build further and more securely upon foundations

already laid, and not allow ourselves to be enticed too far into the proving of new and perhaps valueless or unneeded materials. Unless an article promises to be useful in spheres in which we require new remedies, let us give what time we have to spare in improving our knowledge of the full value of, say, fifty or one hundred of our best remedies. It is probable that this number will cover, as far as we are able to cover, the needs of our profession, and "more is vain where less will suffice."

Already the gardens, the fields, the mountains, the plains, the seas, and even the bowels of the earth have been explored with a view to discover drugs to prove, until we have listed over one thousand substances which are called medicines. Some of these are of such a character that to name them would be indelicate, to think of them disagreeable, to administer or to take them, revolting. The profession suffers from a knowledge that such materials are included in our medical *armamentarium.* Let us cease researches in such directions, and rather apply ourselves to the work of expurgation.

We are all aware that there is a limit to human capability, and that it is beyond the capacity of the most comprehensive intellect to compass a knowledge of the full value of one-tenth the number of medicines advertised by our pharmacies. I am moved, therefore, to suggest to our bureau of Materia Medica that it might be well to take up the subject of determining, by such methods as may be devised, upon a certain number of the most valuable remedies we have, in order that study may be chiefly confined to them. We suffer now from an embarrassment of wealth; the student is confused. We have scattered too much, and we should now combine and concentrate. Our state and other societies should co-operate with our bureau of Materia Medica, and our standing committee upon drug provings. We may then expect good and trustworthy results—such as we may point to with pride.

In connection with this subject of precision in our work, a suggestion to our standing committees on "pharmacy" and "drug provings" may not be amiss, to the effect that

it might be well to consider anew the best forms of medicinal substances for provings and for use—recommending, when other things are equal, or nearly so, those preparations which are most stable and of definite strength. When our early provings were made, our devoted pioneers had not the chemical preparations of the active principles of medicines which we now have. We should improve with the progress of science. A grain of sulphate of morphia is the same definite quantity of medicine the world over. It is not so with a grain of opium or twenty-five drops of laudanum. A grain of santonine also represents a definite amount of medicinal power, while it is not so with a given number of drops of cina.

Chemical compounds have much advantage in the quality of definiteness, and among these we have many of our best and most trustworthy remedies.

Tinctures and powders are known to be variable in strength, even under the most careful gathering and preparation, and these differences are multiplied indefinitely in the attenuations. We should overcome every element of inexactness as speedily as possible, and it may be well to consider if the fluid extracts, reduced to a definite degree of medicinal strength, may not be better preparations, in some cases, than the tinctures.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.

This Institute, in conjunction with the British Homœopathic Society, has commenced, and been for several years engaged in, the good work of securing precision in the matter of provings, under an admirable scheme, approved by both associations; and all work in the line of provings should be in accordance with the instructions laid down by the two bodies which have undertaken the editing and issue of the Cyclopædia of Drug Pathogenesy.

It is manifest that the Institute is committed to this work, which has an editor and consultative committeemen from each of the nationalities immediately concerned in the undertaking, and that it is in honor bound to continue its financial support of the Cyclopædia, as resolved last year, to the end.

OUR INSTITUTE.

And now, in closing, a word with regard to our grand old organization—the oldest national medical association in our country—the largest homœopathic society in the world. May we not justly feel proud as we take a retrospect of its history, or as we view its present condition and prospects? Are our hearts not stirred as we think of the noble men who founded it when courage was required for the undertaking—who counseled together, and who fostered it through many trials and discouragements? May we not take pride in the long range of its annual volumes of Transactions, with their many valuable papers and discussions, showing original work and research of high order? May we not feel gratification as we consider the quality of its membership, past and present? Would we not be glad to have the world look in upon us to-day?

And while we thus pardonably, as we believe, exult (in our own house) in our past history and our encouraging condition, let us resolve upon still better things. Let us gather certainly and regularly at these meetings, bringing our own contributions, and being benefited by those of others; let us cultivate fraternal feelings; and let us, at every gathering, beside doing good work for the cause of medicine and humanity, have a genuine love-feast!

On motion, Vice-President Dr. A. R. Wright referred the address to a committee consisting of Drs. Helmuth, Hall and James.

The Treasurer's report was read by Dr. E. M. Kellogg, in brief, as follows:

On hand beginning of fiscal year	$ 340.21
Receipts since then	3,375.50
Total receipts	3,715.71
Disbursements	3,209.63
Balance on hand	506.08

As recipient of subscriptions to the Cyclopædia of Drug Pathogenesy, he had received $730.75, of this amount he had expended for Part IV $255.55 and $279.18 for Part V,

leaving a balance to the credit of the Cyclopædia fund of $196.32.

On motion the report was accepted and referred to Drs. D. S. Smith, Chicago, J. H. McClelland, Pittsburgh, and Horace Packard, Boston.

Dr. Burgher read the report of the Executive Committee in reference to a number of important changes necessitated by the sectional plan. Among these subsequently acted on and adopted are the following (proper changes having been made in the by-laws):

That all papers presented in each section, together with the discussion thereon, shall be referred to the Committee on Publication.

That the President shall appoint the chairman of all bureaus for the ensuing year, and shall announce all such appointments no later than the Thursday morning session.

That Sec. 14 of Art. 7 shall not apply to sectional meetings, but for this session each section may adopt rules governing its own papers and discussions.

The report of the Bureau of Organization, Registration and Statistics was then taken up, the chairman, T. Franklin Smith, M. D., New York, presenting the following report:

Number of medical societies reporting, 123; number of medical societies not reporting, 27; number of national societies, 5; number of sectional societies, 2; number of state societies, 31; number of local societies, 112; number of hospitals, houses, etc., reporting, 43; number of hospitals not reporting, 14; the hospitals report a bed capacity of 4,239; whole number of patients treated, 13,862: number cured, 5,935; number relieved, 4,471; number died, 910, showing the very low mortality of 1½ per cent.; number of dispensaries reporting, 34; number of dispensaries not reporting, 12; number of patients treated therein, 142,629; number of prescriptions, 376,886; number of colleges reporting, 14; number of students, 1,171; number of graduates during the past year, 372; number of alumni, 7,732; number of journals, 24. Dr. Smith also urged upon the members the necessity of sending in their photographs for the proposed group picture.

The report, together with the recommendations, was adopted, and Dr. Smith requested to remain in charge of the bureau for the next year.

Dr. Strong announced that he had been engaged in indexing the Transactions from the beginning and now lacked only six volumes to complete the work. It would probably be a volume of 75 or 100 pages and complete as to authors and titles.

Dr. Kinne moved that this matter of indexing be referred to the Publication Committee, they to recommend as to its expediency, during the present session.

Report of Delegates.

Dr. Moffatt of the Brooklyn Homœopathic Hospital reported that that institution was very prosperous. He also reported for the Brooklyn Home for Consumptives. This is now in its sixth year, and it has been very effectual in its treatment. He also represented the Homœopathic Society of Kings County.

Dr. Wright reported on the work of the Homœopathic Hospital of Buffalo. It has been organized since 1873. A training school for nurses has been instituted during the past year, and it had been his pleasure a few evenings since to deliver the introductory lecture.

Dr. Beckwith, of Cleveland, said that the hospital at that place had about seventy-five beds. They also had a training school in connection.

Dr. T. F. Allen spoke of the Laura Franklin Hospital, of New York. It was built and endowed with $200,000. It has treated 112 patients, and lost but 4. The hospital is free.

Dr. Millie J. Chapman represented the Pittsburg Homœopathic Hospital. During the year 1,114 patients were treated, 867 cured, 73 relieved, 67 died; the gross mortality was between 5 and 6 per cent., including coroners' cases.

Dr. J. C. Burgher reported for the dispensary connected with the Pittsburgh Hospital.

Dr. H. C. Allen, of Ann Arbor, said that in Michigan, during the last year, homœopathic societies had been or-

ganized in nearly every congressional district, by the clubbing together of two or more counties. The hospital at the University was filled to overflowing all the time. He regretted the absence of Dr. Walsh, of Detroit, who could give the particulars of the new Newberry and McMillan Hospital projected for that city, the gift of these two gentlemen who had endowed it with $200,000.

Dr. B. W. James reported for the Children's Hospital in Philadelphia. This institution is doing good work.

Dr. Canfield represented the Woman's Homœopathic Medical Association of Chicago; and also the Ladies' Medical Society, which latter body is the largest society of medical women in the country, numbering twenty-two members.

Dr. Custis represented the National Homœopathic Hospital at Washington. This has been in existence for four years, but they have only occupied the clinical portion of the building for the last eighteen months. The walls of the building were given by Congress, and the ladies of Washington have fitted it up. It has 33 beds, and an average of 20 patients.

Dr. Packard reported for the Massachusetts Homœopathic Hospital. It has not a dollar of debt; has received during the year in legacies and donations upwards of $50,000, with $80,000 invested. It has a training school in successful operation; also a home for nurses. Reports 165 medical and 260 surgical cases.

Dr. Kinne, in his usual felicitous manner, reported for the New Jersey State hospital at Paterson.

Dr. Warren represented the Homœopathic Medical Society of Western Massachusetts.

Dr. Packer represented the Vermont State Homœopathic Society—about sixty members.

Dr. Ryan reported for the Homœopathic Medical Society of Delaware.

Dr. Norton, of New York, reported for the New York County Medical Society. The membership is over 200.

Dr. Boyer, of Pottsville, Pa., reported for the Schuylkill County Society.

Dr. Weaver, of Philadelphia, reported a ward society in the northern part of Philadelphia.

SECOND DAY.—MORNING SESSION.

The Institute was somewhat tardy in assembling. Shortly after the gavel rapped to order, Dr. Peck called attention to the laxity on the part of the members of the Institute in replying to inquiries made of them as to their alma mater, etc., for directories. He said that a neglect or refusal to do this, especially when the publishers sent out their requests with a postal card for reply, puts the member on the footing of a quack. He said that in consequence of this neglect many members were not published in the Polk Directory. Motion made in due form.

Dr. Wm. Owens amended by including the entire profession.

Dr. H. C. Allen approved of the motion. He had been informed by a publisher in his own state that of the requests sent to physicians he had received replies from about one-third. It is a very discouraging task to undertake to compile a directory for the accommodation of the profession.

Dr. O. S. Runnels said that if he thought any good could come from the movement he would support it.

The motion was carried.

Dr. D. S. Smith, of Chicago, made a partial report of the Board of Censors. He reported the following applications for membership:

Albert Claypool, Toledo, O.; J. P. Hershberger, Lancaster, O.; L. P. Sturtevant, Conneaut, O.; E. J. Gooding, Boston, Mass.; A. J. Harvey, Newport, Me.; F. B. Percey, Brookline, Mass.; Burt J. Maycock, Buffalo; T. W. Swalm, Pottsville, Pa.; Lamson Allen, Southbridge, Mass.; J. P. Sutherland, Boston; Henry P. Holmes, Lansingburgh; Mary H. Baynum, Boston; A. H. Birdsall, Brooklyn; Homer V. Halbert, Chicago; J. B. Robinson, Boston; W. H. Stone, Providence, R. I.; Sayer Hasbrouck, Providence, R. I.; Cynthia M. Nordstrom, Malden, Mass.; R. W. Southgate, Rockland, Mass.; Geo. E. Perey, Salem; S. W. Hopkins, Lynn, Mass.; L. B. Richards, Stafford Springs, Conn.; S. H. Knight, W. T. Helmuth, Jr., New York; L. W. Reading, Hatboro, Pa.; M. Dills, Carlisle,

Ky.; E. R. Freeman, Wapokoneta, O.; W. H. Tobey, Boston; A. B. Kinne, Syracuse; H. K. Macomber, Pasadena, Cal.; L. W. Thompson, W. C. Goodno, Philadelphia; J. W. Thompson, Pittsburgh; M. W. Vandenburg, Ft. Edward, New York; H. F. Ivins, Jr., Philadelphia; G. S. Adams, Westboro, Mass.; Thos. A. Docking, Oakland, Cal.; Curtis O. Swinney, J. H. Rile, Edgar B. Britton, Baltimore.

Dr. Allen moved that the new applicants present be extended the freedom of the floor for debate until the evening session. Carried.

The report of the Committee on Drug Provings was taken up.

Dr. Sherman, of Milwaukee, said that as the chairman of the committee was not present there was no general report. Instead, however, he had a list of provings which had been made under the direction of Dr. Chas. Mohr of Adonis ver., Chininum ars., and Lilium tig.; these drugs had been proved by twelve provers. Referred to the publication committee. Dr. Martin Deschere was appointed on the committee in place of E. M. Hale, whose time expires.

The report of the committee on Pharmacy was then made by the chairman, C. W. Butler, of Montclair, N. J. The experiments have been made in regard to the physical properties and the pathogenesy of drugs. The provings outnumbered those of last year. The object is to ascertain the drug power evolved.

Dr. Sutherland presented a summary of the work done by Dr. Conrad Wesselhœft, of Boston, which was in the nature of a table showing the comparative value of Mercurius sol. in various powers as proved by a number of students of the Boston University School of Medicine.

"The Discovery of the Cause why Prolonged Grinding makes Triturations Dark," was the subject of the second report by Dr. Wesselhœft. It adhered to the doctrine of limited divisibility of matter attributing the constant darkening of the triturations to the mortars in which they are prepared.

Dr. Lewis Sherman presented a summary of work done during the past two years in the physical properties of

triturations, bringing facts determined by experience, partly by observation and by reflection.

A vote of thanks was tendered the provers who aided the bureau in its observations.

The report of the committee on medical education was then presented by Dr. T. Y. Kinne of Paterson, N. J. He said the report had been divided into four departments: preparatory, collegiate, post graduate and the relation of the state to medical education. It was a scholarly production throughout. In giving his "own diagnosis," he said that the fault, in his opinion, seemed to be: first, we are too much engrossed with self; second, we do not maintain our rights; third, we do not realize that only in union there is strength.

The following resolutions were presented in the report:

Resolved, That the president shall appoint a special committee of eight, he being *ex-officio*, to which shall be referred all reports, requests and resolutions concerning medical education, provided they do not require immediate action.

Resolved, That this committee shall, during the coming year, formulate a plan and course of study, both preparatory and professional, and present such plan at the next meeting of the Institute for its action.

Resolved, That this special committee shall be the standing committee on Medical Education for the ensuing year.

On motion the resolutions were referred to the publication committee.

Dr. Millie J. Chapman then gave the address of the Bureau of Obstetrics.

Dr. L. H. Willard, chairman of the Bureau of Surgery, presented his address.

Dr. B. W. James moved that the discussion of the papers in the Bureau of Medical Education be taken up.

Dr. J. E. James thought it would be better to wait until after the meeting of the Inter-collegiate committee.

Dr. Beckwith wanted to have the resolutions taken up at once, as he thought there were people interested in this subject outside of the colleges.

Dr. Dudley thought that it would be better for the Institute to express its views to the Inter-collegiate com-

mittee rather than to have the Inter-collegiate committee express its views to the Institute.

The motion of Dr. B. W. James prevailed.

On motion the resolutions and recommendations were referred to the committee on Medical Education.

The Board of Censors reported the following applicants for membership:

Henry E. Jewell, Nevada, Mo.; Edward H. Jewitt, Cleveland, O.; Joseph Waldo Jewitt, New Haven, Conn.; Wm. Greene Hanson, Everett, Mass.; Sarah J. Millsop, South Manchester, Conn.

Recess until 3 P. M.

SECOND DAY.—AFTERNOON SESSION.

The afternoon session was divided between two bureaus—Surgery and Obstetrics—which met, the former in the main hall, and the latter in the club-room adjoining.

Bureau of Surgery.

CLARENCE BARTLETT, M. D., Stenographer.

The Bureau of Surgery met in the ball-room: Dr. L. H. Willard, chairman, presiding.

The first paper read was by Dr. Willard, and treated of the Causes, Symptoms and Diagnosis of Hip Diseases.

This was followed by a paper written by Dr. W. L. Jackson, of Boston, on Pathology of Hip Disease. In Dr. Jackson's absence the paper was read by Dr. Jones, of West Chester, Pa.

Dr. J. E. James, of Philadelphia, read a paper on the Medical Treatment of Hip Joint Disease. Mechanical Treatment of Hip Joint Disease was spoken of by Dr. G. A. Hall, of Chicago.

The closing communication of the bureau was by Dr. Wm. Tod Helmuth, on the Operative Treatment of Hip Joint Disease.

The discussion which followed was opened by Dr. N. Schneider, of Cleveland, Ohio. He expressed as his opinion that the vast majority of cases of hip disease occurred in persons of scrofulous or strumous constitutions. Some

few cases occurred as the result of injury. He considered rest a very important factor in the treatment of this disease. Nature endeavors to procure rest for the patient by producing fixation of the joint by muscular contraction. We should also endeavor to prevent too much contraction. This we may do by counter extension. He did not advocate the use of braces until the stage of convalescence. He also urged the value of proper medication. [The antipsoric treatment of Hahnemann.]

Dr. J. H. McClelland said that he believed most cases of hip joint disease could be brought under either one of two classes, viz., acute or chronic. The acute cases he believed to originate from injury; the chronic from a weakened constitution. The treatment that he advocated was rest, and extension and counter extension. He also advocated the use of certain medicines as being very important.

Dr. S. B. Parsons, of St. Louis, spoke of the heavy death rate following the operation of resection of the joint, as practiced by certain allopathic surgeons, and referred to the successful results attained by himself and other homœopathic surgeons when the operative procedure was aided or assisted by homœopathic medication.

Dr. Joseph E. Jones, of West Chester, Pa., advocated the use of the plaster cast in country practice.

Dr. John C. Morgan, of Philadelphia, said that he believed that hip disease was as frequently the cause of tuberculosis as a tuberculous constitution was of hip disease.

Dr. Van Lennep, of Philadelphia, stated that he was an ardent advocate of early operation in cases of hip disease and he agreed with Dr. Helmuth as to the methods of, and indications for, operation.

Dr. Sidney F. Wilcox, of New York, exhibited a new brace, devised by himself for the treatment of hip disease. He also pointed out the imperfection in other braces, which the one invented by him was intended to avoid.

Dr. L. H. Willard, of Allegheny, exhibited a splint, which he had used in the treatment of cases in the Pittsburgh hospital. He thought it a very efficient brace that could be produced at a very slight expense.

The discussion was further continued by Drs. S. F. Fulton of New York, M. O. Terry of Utica, J. C. Morgan of Philadelphia, W. Tod Helmuth of New York, A. Claypool of Toledo, G. A. Hall of Chicago, and A. von Gottschalk of Providence, R. I.

Bureau of Obstetrics.

FRANK KRAFT, M. D., Stenographer.

Promptly at 3 o'clock Dr. Millie J. Chapman called the sectional Bureau of Obstetrics to order in the club-room adjoining the assembly room proper, there being but little sitting room left, and within a half an hour of the opening standing room was sought for. From the beginning the best of order prevailed, and the discussion which followed the conclusion of the reading of all the papers was temperate, to the point, and instructive.

The president stated that Dr. Phoebe J. B. Waite, of New York, had expected to be present and read her paper, but owing to the dangerous illness of her sister she was obliged to forego that pleasure and instead had sent it, which Dr. George B. Peck, the secretary, thereupon read. The subject of the paper was Renal Complications in Gestation. The subject was presented in terse and excellent style.

Dr. Emily V. D. Pardee, of South Norwalk, Conn., read her own paper on Nervous Complications of Gestation, which was received with applause, and much interest was manifested in the discussion which ensued at a later hour.

A paper was read prepared by Dr. C. G. Higbee, of St. Paul, on Mechanical Complications of Gestation. In his absence the paper was read by Dr. Peck. It was filled with statistics well authenticated, and was listened to with marked attention.

Dr. Geo. B. Peck then read his paper on Accidental Complications of Gestation. This was also a well-prepared essay, and handled the subject in a creditable manner. The comparison of the treatment of allopathic physicians with those of our school, showed disastrously for the former. Dr. Peck has taken the pains to compile a series of statistics gathered from the experience of one

hundred reputable homœopathic physicians who possess an average experience of seventeen and one-third years; he was therefore in position to speak by the card in reporting his percentages. His essay treated in a succinct manner of the complications attending the puerperal state such as hysteria, chorea, epilepsy, cholera, typhus fever, yellow fever, intermittent fever, typhoid fever, scarlatina, puerperal scarlatina, measles, variola, heart disease, pleurisy, emphysema, pneumonia and phthisis.

Dr. T. F. Allen reported the case of a lady in her second pregnancy near the eighth week who had fallen down a flight of stairs, carrying on her arm at the time her two-year-old child. In falling she had so thrown herself as to save her child, but had fractured her leg and badly bruised her nose and lip. The leg was properly attended to, but it was the mother's constant fear that her unborn child would have club feet. Instead of this, however, it had when born no marked change except a horribly bruised nose and lip, as if in recent conflict with a pugilist.

Dr. T. L. Brown was pleased and interested with all the papers presented. He believed, however, that in many instances too much medication was given; that some patients suffered considerably with drug sickness instead of other ailments. He narrated a case of a lady who had been treated for years for all conceivable diseases, but without permanent benefit. When she came into Dr. Brown's hands he concluded that it was a drug disease and, without telling her so, put her on some large sized blank pills, and from that time on she improved and ultimately recovered. She considered it the best medicine she had ever taken.

Dr. Wm. Owens reported a case of supposed tumor, which proved to be an accumulation of fœcal matter, and, upon discharging, the tumor disappeared.

Dr. Gause had been consulted some months since by a husband concerning the supposed pregnancy of the wife of the applicant, which, however, seemed after a certain time to disappear, although up to that time there was apparently every indication of the usual condition of pregnancy. This had again recently been repeated and the

Doctor was anxious to see if the supposed pregnancy would again disappear at the same relative period of time.

Dr. Bushrod W. James said that in his practice, some fifteen years ago, he had had two cases of tumors in the ovarian region, both in the left side, and were cystic in character; pregnancy ensuing, of course much alarm was felt for the result. The one case went to full term and was delivered all right, and the patient is living to-day. The growth disappeared after the parturition. The second case caused much trouble. It was sufficiently large to come down and produce obstruction. After delivery everything went along all right. However, this tumor has reappeared and is continually growing.

Dr. Brown desired to call attention to a statement he saw recently that the pulse of a pregnant woman was the same standing, sitting or lying down.

Dr. Pemberton Dudley said that he had made the experiment mentioned by Dr. Brown on 48 young men, students at his college, and had found that the pulse of these gentlemen was the same standing, sitting or lying down.

Dr. Owens reported the case of a lady of 40 years of age who had come to him with what was supposed to be a large dropsical tumor. Dr. Owens had several times been on the point of tapping the tumor. By accident this lady fell while in her kitchen and immediately a greenish fluid began to discharge from vagina and she had been getting better ever since.

Dr. Nickelson reported a case of supposed tumor, patient dying before he had made a diagnosis. At the post mortem it was discovered to be a case of jaundice, although the outward appearance of the body gave no indications of it. It was really a case of arsenical poisoning.

Dr. H. Tyler Wilcox reported a remarkable case of fibroid tumor of many years' standing which eight or ten physicians had given up, and had advised her not to touch as it would prove of no advantage to her. She made use of electricity and had the gratification of seeing the patient recover, who was so grateful as to send her several other

suffering from Bright's disease. Dr. Dowling argued from the fact that Mr. Morrissey did ultimately die of Bright's disease, that if he had continued in the good habits which he was obliged to adopt when going into training for a prize fight, that his life would have been prolonged. Also, that undoubtedly Bright's disease was held in abeyance during the training period. But unfortunately Morrissey went back to his tea, coffee, tobacco and stimulants.

Dr. Clarence Bartlett, of Philadelphia, read a paper entitled The Nervous System and the Eyes in their Relation to the Urinary Organs. This paper dealt chiefly with the nervous and eye symptoms associated with Bright's disease. He quoted cases showing that frequently the only symptoms giving rise to annoyance to the patient, were severe headaches. In some cases convulsions or paralytic seizures constituted the first warning of trouble. He closed his paper by referring to one case in which the first symptom was visual disturbance, and to another of supposed Bright's disease of ten years' standing, which made a spontaneous recovery.

Heredity as a Factor in the Ætiology of Bright's Disease was the title of a paper read by Dr. A. L. Kennedy, of Boston. He introduced his paper by saying that it grew out of a question asked by a student of the Boston University School of Medicine, whether Bright's disease was hereditary? The answer had been in the main in the negative. Dr. Kennedy thereupon proceeded to recite the discovery by Dr. Richard Bright, of England, of the disease which now bears his name, and throughout his paper maintained the correctness of the answer given the student, though he mentioned a number of exceptions.

Are Senile Changes in the Kidney a Necessary Concomitant of Old Age? was read by Dr. J. M. Schley of New York city. The paper was well received and its conclusions as summed up by the essayist, are as follows: Few persons, male or female, reach the stage of profound senile changes in this section of the country without manifesting some form of nephritis; also that after we pass the age of forty-five we meet with changes in the kidneys, and the

higher we climb on the ladder of life the more frequent are these morbid conditions found. After seventy it is one of the greatest rarities to find a healthy secreting kidney. If we should examine such cases carefully I am quite sure we would find disease where health seemed to exist. By appropriate diet and clothing such troubles may be held in abeyance for years. The microscope is the surest medium to rely on for a diagnosis and prognosis.

Dr. Dowling read a paper by Asa S. Couch, M. D., of Fredonia, N. Y., on 'Illuminated Clinical Cases.'

On motion the remaining papers of this bureau were referred to the Publication committee.

Dr. T. F. Allen said that in his examination of the symotomatology of the cases of nephritis, he had found in the majority of the cases where a mercurial was indicated—such as nocturnal perspiration, sensitiveness to the open air, furred tongue, one-sided headache, especially right side, pressure on the vertex, vertigo—that a Proto Iodide of Mercury is best. Mercurius cor. is rarely called for, it seems only indicated when there is more or less of reflex bladder trouble, and heat and pressure in the rectum.

He had also found an extremely useful remedy in subacute nephritis, to be Colchicum. His attention had been first attracted to it by a patient complaining of being unable to lie on his back with the legs stretched out; this latter position causing soreness in the region of the back, and a feeling of weakness in the stomach—in the pit of the stomach as it is usually called. He had found under this remedy that the pains in the kidneys and the gastric symptoms would alternate with a distress in the head. Picric acid he had found a good remedy to follow Colchium.

Dr. Dillow was invited to address the Institute on this subject which he did at some length. Drs. John C. Morgan, Bushrod W. James and T. Griswold Comstock also participated in the discussion.

THIRD DAY.—MORNING SESSION.

Immediately after the call to order, the Board of Censors reported the following names for membership, who were thereupon duly elected:

Charles Deady, New York; Louis Faust, Schenectady; F. B. Dake, Nashville, Tenn.; D. H. Riggs, Washington, D. C.; Wm. F. Hobart, Chicago; R. T. White, Chicago; C. A. Wilson, Allegheny; Sollis Runnels, Indianapolis, Ind.; A. M. Linn, Des Moines, Ia.; Willis G. Pope, Keeseville, N, Y.; Emily F. Swett, Medina, N. Y.; R. Ludlam, Jr., Chicago, Ill.; John W. Dowling, Jr., New York; George B. Dowling, New York; Addie B. Crowley, Geneva, N. Y.; William S. Pearsall, New York; Edward E. Snyder, Binghamton; David E. Spoor, Schenectady, N. Y.; Joseph O. Reed, Middletown, N. Y.

The Auditing Committee reported through its chairman, Dr. D. S. Smith, that they had examined the accounts of the Treasurer and found them correct.

Dr. Pemberton Dudley, on behalf of the Committee on Medical Literature, presented his report, to the effect that there were now twenty-four journals in the school, enumerating them.

Dr. T. F. Allen: I protest against the returning of the *New York Medical Times* as a homœopathic journal. It persistently and steadily fights Homœopathy, in season and out of season. It has villified the course of all true Homœopaths, and has editorially been attacking the endowment for the new hospital at New York. I therefore move that the *New York Medical Times* be erased from the proceedings of this Institute, and that it be not returned as a homœopathic journal.

Seconded by Drs. G. E. Sparhawk and Pemberton Dudley.

Dr. Packer: When I want to read allopathic literature I go to an allopathic journal; but I dislike to read allopathic literature and have it palmed off as homœopathic. This move should have been made long ago.

Being put to vote, it was carried.

The report of the Committee on Medical Literature was then accepted and referred to the Committee on Publication.

The Committee on President's Address reported that they were heartily in sympathy with the sentiments expressed in the address, and recommended that the suggestions of the President should be adopted.

Dr. A. R. Wright, Vice-President, presented to the Institute, in the name of the President, a gavel of Georgia pine, which bears a medallion portrait of Hahnemann, and a silver plate suitably inscribed.

On motion of Dr. T. Y. Kinne, it was

Resolved, That the thanks of this Institute be tendered President Orme for his gift of this beautiful gavel for the use of the American Institute of Homœopathy, and expressing the hope that it may be kept by us, long rapping successive stages of progress on our triumphal march to the haven of rest, and, finally, at the final rap of the Great Gavel, may it gather us together in our eternal home. Selah!

Dr. S. P. Hedges then read his address on the Bureau of Gynæcology, which was an exhaustive paper on the progress in his department during the past year.

He was followed by an able address from Dr. C. D. Crank, chairman of the Bureau of Pædology, in which he reviewed the literature and improved methods of treatment, calling special attention to the increased interest manifested in the hygienic care of children.

The President then announced the chairmen of the fol- Bureaus and Committees:

Organization, etc.—T. F. Smith, M. D.
Surgery.—John E. James, M. D.
Obstetrics.—George B. Peck, M. D.
Clinical Medicine.—George E. Gorham, M. D.
Gynæcology.—Phil Porter, M. D.
Pædology.—B. F. Dake, M. D.
Ophthalmology, etc.—George M. Dillow, M. D.
Materia Medica.—A. R. Wright. M. D.
Psychological Medicine.—J. D. Buck, M. D.
Sanitary Science.—H. R. Stout, M. D.
Anatomy and Physiology.—W. von Gottschalck, M. D.
Committee on Pharmacy.—Lewis Sherman, M. D.
Medical Education.—T. G. Comstock, M. D.
Medical Literature.—Pemberton Dudley, M. D.
Medical Legislation.—J. H. McClelland, M. D.
Railroad Fare.—H. C. Allen, M. D.

Dr. T. L. Brown, of Binghamton, N. Y., presented the following:

Resolved, That when one homœopathic college refuses to graduate a medical student, knowing him to be incompetent, every other college of our school should carefully respect that decision.

Resolved, That by so doing the colleges protect the people and deserve their support and confidence.

On motion, these resolutions were referred to a committee consisting of Drs. H. D. Paine, John E. James, and T. Y. Kinne, to report at this session.

The address of the Bureau of Ophthalmology, Otology and Laryngology was read by Dr. Geo. S. Norton, of New York, in the absence of the chairman. It contained a general *resumé* of the progress in this department during the past year.

Dr. J. C. Morgan, of Philadelphia, offered the following, which was adopted:

Resolved, In cases of vacancy occurring in any bureau or committee, after the announcement of the same by the President, the chairman shall have authority to fill the same, giving prompt notice thereof to the General Secretary of the Institute, who shall include such names in subsequent publications.

Recess till 3 P. M.

THIRD DAY.—AFTERNOON SESSION.

This session was divided into three, namely, that of the Bureau of Gynæcology, of Pædology, and of Ophthalmology.

Bureau of Gynæcology.

T. M. STRONG, M. D., Stenographer.

Dr. S. P. Hedges, of Chicago, chairman, called the Bureau to order, and at once proceeded to business.

The paper of Dr. E. T. Blake, of England, on "Dilatation of the Cervix Uteri as a Curative Measure," was read by Dr. Porter. The methods of dilatation were naturally divided into two sorts, immediate and delayed. The manner of dilating by divergents, dilators, and other methods, bougies, etc., were falling into disuse on account of tedious action, pain, and liability to produce cellulitis.

Dr. C. G. Higbee's paper was on "Topical *versus* Internal Treatment of Uterine Disorders." He assumed that each had its place and is all-sufficient in certain cases, but that there were cases when a combination of both was necessary. He referred to a case of long standing uterine

disease which was cured by the "faith cure" agency, and was, in his opinion, a proof of what he had many times suggested: that many forms of uterine disease are of nervous origin and can be cured by any treatment, local, internal, or mental, when properly administered. Hygienic care in the treatment was strenuously insisted upon.

Dr. Phil Porter presented a paper on "Pessaries, the Internal Uterine Support." The conclusions reached were: While differences of opinion exist in regard to the expediency of employing pessaries, personal experience will show their importance.

Dr. L. A. Phillips, of Boston, read a paper on the "Surgical Treatment of Uterine Disorders." Like all Homœopathists, he was quite conservative on the subject of operations, but recommended that surgical procedure be but the result of thorough preparation, combined with treatment.

Dr. R. Ludlam, of Chicago, read a most interesting and practical paper on "Hot Water as a Topical Application in Uterine Disorders." The peculiar merits of this treatment are that it is safe, available, effective, and does not interrupt or modify the action of remedies.

Dr. C. B. Kinyon, of Rock Island, Ill., presented a paper on "Intra-Uterine Medication and Stems." It commanded the attention of the Bureau.

Dr. O. S. Runnels, of Indianapolis, read a paper on the local action of iodoform, iodine, tannin, hydrastis, and astringents generally.

Mrs. H. Tyler Wilcox, M. D., indorsed the remarks and the paper of Dr. Higbee, and stated that she had excellent results from the use of electricity in the absorption and destruction of a fibroid. She also hoped the Institute would consider the woman's dress reform.

Bureau of Pædology.

FRANK KRAFT, M. D., Stenographer.

The chairman, Dr. C. D. Crank, at first a little dubious about the success of the Bureau, was not a little gratified to find the chairs filling rapidly, until toward the close not an empty one stood in the room.

Dr. B. F. Dake, as Secretary, read the papers of absentees, first reading his own paper on "Infantile Eczema, its Etiology, Diagnosis, and Pathology." Following this came the paper by Dr. Wm. E. Leonard, of Minneapolis, on "The Therapeutics of Infantile Eczema." This paper, as its name implies, was devoted in the main to the therapeutics of infantile eczema. The author divided the remedies into three great groups or classes: those of the most probable service, those of the least but of still well-earned merit, and those concerning which we have as yet insufficient data. Class 1 contained eleven remedies: Class 2, twenty remedies; and class 3, twenty. The use of electricity was also touched upon in a masterly way.

"The Skin Diseases of Infancy and Early Childhood: External Treatment," by P. E. Arcularius, M. D., New York, "Suppressed Infantile Eczema," by T. C. Duncan, M. D., Chicago, in which the essayist said that there is a general opinion in our profession that a suppressed disease is not a cure, and that not only harm results from smothering a disease but also discredit to the practitioner; but if a disease cannot be cured, is it justifiable to suppress it?

The essayist clearly points out the danger of such procedure.

Dr. Wm. H. Bigler, of Philadelphia, Pa., presented a paper on "The Relation of Vaccination, Dentition and Eruptive Fevers, to Infantile Eczema."

Dr. Wm. Owens read a review of all the papers presented.

Dr. Gregg Custis, Washington, said he had had quite a number of cases of infantile ezcema and he had learned to leave out external treatment. He believed that about the greatest enemy infantile ezcema had, was water—not intimating by that that dirt was a wholesome thing; but that this daily or twice or thrice daily washing of the child all over simply sets up each time new sources of irritation. He advised washing only for absolute cleanliness. When a chronic case comes to him now he inquires concerning the early history of the patient, and if there was any erup-

tion suppressed. He has found Lycopodium the best prophylactic remedy.

Dr. Beebe said that it is not always an easy matter to determine whether this affection was a parasitic or a constitutional disease—whether the parasite was the cause of the disease, or disease the cause of the parasite. Undoubtedly where it is truly a parasitic disease external treatment is of some advantage, aside from cleanliness. He has had some good results in eczema following vaccination. He has looked up the literature on the question of disease being transmitted by vaccination and so far had failed to corroborate the usual superstition on that point.

Dr. Boyer, Pottsville, said it had been noticed in a suppressed eczema, the affections following usually centre on the mucous membrane—either a vomit, cough, diarrhœa, or possibly an inflammatory trouble elsewhere. He had found Lycopodium frequently indicated; and also Iodide of Arsenic. For cleanliness he advised Castile soap—Fels' of Philadelphia. He had also given a preparation of tar with good results.

Dr. Vandenburg said that in spite of what had been said he was still quite in the dark as to what was meant by suppressing a disease. How shall we know when an eczema is suppressed?

Dr. Boyer said that he meant by suppression of eczema the disappearance of such eczema from the application of outward astringents or other medicinal substances which have the power of drying up the secretions on the surface.

Dr. Vandenburg said that he had used external applications and with beneficial results and knew of no case where trouble had followed. This outward application was an ointment of the oxide of zinc. For internal treatment he preferred the Graphites and in other cases he preferred a Graphites Cerate.

Dr. T. F. Smith has had quite a number of cases with a result similar to that stated by Dr. Custis. He never uses ointments, but has used Graphites internally. Has known eruptions to return after five or six years.

Dr. Boyer referred to a case which had been suppressed for sixteen years by mercurial preparations.

Dr. Vandenberg found Mercurius decidedly beneficial in parasitic eczema, such, for instance, as taken from cats.

Dr. Dudley has never had very much fear of suppressing a disease which is so often referred to. He did not doubt that grave results might and did follow such procedure, but he didn't think that because an eczema disappears and then comes back again years hence, that it is to be regarded that the disease had been suppressed. That is simply a new attack of the disease.

Dr. Schley has had considerable experience in eczematous troubles and believed one of the most important things was to make a proper and satisfactory diagnosis. There are two kinds of these diseases, local and constitutional. How can doses of Sulphur affect a parasite that grows underneath the skin and that can only be killed by some topical application? He did not believe in the suppression of eczema; it is a mutable thing that comes and goes, apparently just as it pleases. He had seen at least a hundred cases of the genuine psoriasis yet apparently well, but come back after a time as bad as ever. These cases required external as well as internal treatment.

Dr. Brown did not believe in treating a disease by name, but solely by its symptoms. He had observed that these eczematous troubles quite generally have a scrofulous base, and instead of making topical applications to cure that kind of a diathesis, he believed the proper manner of reaching it would be by internal treatment. But when an ointment was required boiled lard had given him the best effects.

Dr. Custis said that Dr. Schley like every other specialist was not in a position to judge of the sequelæ to a suppressed eczema; the patient with an eruption will seek out a dermatologist who will make his applications and the eruption disappears. Subsequently, however, when some new train of symptoms arises it is not the specialist who is consulted but the family physician; hence, the specialist rarely if ever sees the result of his applications.

Dr. H. C. Allen felt called upon to take exceptions to

some of the remarks touching the suppression of disease. Hahnemann was just as correct as any of us with regard to the pathology of eruptive diseases, when he taught his theory of chronic diseases. There is much truth in the psoric theory. It is an important factor in the treatment of all chronic diseases which no Homœopath can overlook and succeed. We are not to use a remedy to relieve a disease by name, but we must take the totality of the symptoms. If we carefully follow Hahnemann's advice we can give the potentized remedy—not necessarily Sulphur—but the indicated remedy, for a certain train of symptoms, and that little itch insect will be made so exceedingly uncomfortable that he will vacate, and it will be made so decidedly unpleasant for him as a habitation that he cannot come back again.

Dr. Sturtevant accorded with Dr. Schley in believing that a correct diagnosis was the first essential. He made it a special feature in his cases to enquire after the urinary secretion. He was satisfied that to suppress an eczema was a hazardous procedure.

Dr. Owens confessed to using both internal and external treatment and has had no bad results, but he knew from other cases that the suppression had brought about serious difficulties. He mentioned a case of twenty years standing where an eruption appeared in warm weather and disappeared in cold or wet weather to be replaced by rheumatism.

Dr. Schley reiterated his previous statement that in his fourteen years of general practice in New York he had not known of a single case in which bad results had followed the use of topical applications to a skin disease.

Dr. B. F. Dake related a case of partial deafness as the result of a suppressed skin disease.

Bureau of Ophthalmology and Otology.

CLARENCE BARTLETT, M. D., Stenographer.

The Bureau of Ophthalmology and Otology met in the upper club-room at 3 P. M., Dr. Geo. S. Norton, of New York, presiding. Papers were read as follows:

"Sarcoma and Carcinoma of the Choroid," by C. H. Vilas, M. D., of Chicago.

"A Clinical Study of the Verbascum Thapsus," by H. P. Bellows, M. D., of Boston.

"Fibroid Polypi of the Nose and Throat," by Dr. E. H. Linnell, of Norwich, Conn.

Dr. G. S. Norton read a paper on the "Importance of the Ophthalmoscope in the Diagnosis of Tumors of the Brain." The investigation of the subject by the specialists has shown this to be a most important question for the general practitioner, as well as the neurologists.

Dr. B. W. James, of Philadelphia, read a paper on "Cataract," which was filled with practical hints, and of interest not only to specialists, but to the general practitioner as well.

These papers were discussed by Drs. J. E. James, G. S. Norton, E. H. Linnell, A. M. Cushing, B. W. James, Clarence Bartlett, A. B. Norton and J. C. Morgan. At 5:30 P. M. the bureau adjourned.

THIRD DAY.—EVENING SESSION.

The Bureau of Materia Medica was called, Dr. H. M. Hobart, Chicago, chairman.

The first paper of the evening was by Dr. C. L. Cleveland, Cleveland, O., entitled "Causes and Results of Sleeplessness." "Difference Between Coma, Delirium and other forms of abnormal Somnolence," was read by Dr. Geo. W. Winterburn, of New York, as well also as "Remedies for ordinary Sleeplessness," both papers being in the author's usually forcible style, and well received.

Dr. Cowperthwaite presented "Remedies for Disturbed Sleep from Reflex Troubles," a paper containing valuable therapeutic hints.

"Groups of Remedies for Sleeplessness from Diseases of the Brain," was a short paper by Dr. T. F. Allen.

Dr. Hobart's "Physiology of Sleep," was interesting and instructive.

By special request Dr. Winterburn read "Dreams," a contribution by S. Lilienthal, M. D., San Francisco.

The discussion was opened by Dr. T. F. Allen, who stated that for ordinary sleeplessness he had found Alcohol in minute doses an excellent aid. He was followed by Dr. J. C. Morgan and Dr. G. S. Norton, the latter maintaining that some defect of the eye is very often the cause which had taught him to look at that organ first of all in pronounced cases of insomnia.

Dr. H. C. Allen ascribed much of the prevalent sleeplessness to the inordinate use of tobacco, tea and coffee.

Dr. Chas. Mohr recited several cases to show that he had not as yet failed to find the remedy when studying his Materia Medica closely.

Dr. A. M. Cushing spoke of Cannabis Indica for the insomnia of drunkards.

The discussion was prolonged to a late hour, when on motion the report was accepted and referred to Committee on Publication.

The Board of Censors made a partial report by presenting for future action the names of a number of candidates.

FOURTH DAY.—MORNING SESSION.

The first hour, as per program, being devoted to general and miscellaneous business, the Board of Censors reported for election the following candidates, who were thereupon duly elected:

Arthur Grosvenor, Chicago, Ill.; Melvin D. Smith, Middlebury, Vt.; Alfred W. Bailey, Atlantic City, N. J.; William B. Putnam, Hoosick Falls, N. Y.; Charlotte M. Fay, Springfield, Mass.; Jacob C. La Dow, Mechanicsville, N. Y ; S. H. Blodgett, Cambridge, Mass.

The special committee to whom was referred the resolution of T. L. Brown, M. D., reported that,

"This Institute condemns the action of any college which graduates an unsuccessful candidate from another school unless he attends at least one full course of lectures at the college where he applies for a degree.

H. D. PAINE, M. D.,
THEO. Y. KINNE, M. D.,
JNO. E. JAMES, M. D.,
Committee."

On motion the report was accepted and adopted.

Dr. T. M. Strong presented his report on foreign correspondence, showing increased activity among the members of the homœopathic school throughout foreign countries. He also stated that he had received a paper in German from Dr. Bojamis, but after having had the same translated believed it too voluminous to go into the proceedings. He therefore moved that Dr. Bojamis be made a corresponding member of the Institute, which was so ordered.

O. S. Runnels, M. D., presented an oral report of his appointment as delegate to the International Convention held during the past year at Basle, Switzerland. The next quinquennial convention will meet in this country in 1891. President Orme appointed Drs. I. T. Talbot, Boston; J. P. Dake, Nashville; J. W. Dowling, New York; B. W. James, Philadelphia; R. Ludlam, Chicago; O. S. Runnels, Indianapolis, and T. G. Comstock, St. Louis, as a standing committee to make arrangements for this convention.

Letters of regret were read from the following members:

I. T. Talbott, Boston; J. P. Dake, Nashville; J. C. Sanders, Cleveland; T. P. Wilson, Ann Arbor; L. B. Wells, Utica; Milton Hammond, Baltimore; P. L. Hatch, Minneapolis; S. Lilienthal, San Francisco; A. I. Sawyer, Monroe; Joseph Jones, San Antonia; C. E. Fisher, Austin: J. S. Mitchell, Chicago; F. Parke Lewis, Buffalo; J. A. Campbell, St. Louis.

The full Committee on Medical Education for ensuing year is as follows:

Dr. T. G. Comstock, chairman; Drs. T. Y. Kinne, R. W. McClelland, C. B. Kinyon, D. H. Beckwith, L. H. Willard, and O. S. Runnels.

On motion of Dr. Beckwith it was

Resolved, That no member shall serve on more than one bureau, or standing committee, during any one year.

The special committee on pharmacopœia presented its report through Dr. A. C. Cowperthwaite, in the absence of Dr. Dake, chairman, recommending that Drs. Lewis Sherman, J. W. Clapp and F. E. Bœricke be appointed a committee to confer with the committee of the International Convention, the British pharmacopœia to be a basis for a new one.

Dr. Beebe then read his address as chairman of the

Bureau of Sanitary Science, "Facts and Fallacies of Climatology."

The full Bureau of Surgery, as reported by its chairman, is as follows:

John E. James, Chairman; Drs. Wm. Tod Helmuth, J. H. McClelland, Chas. M. Thomas, L. H. Willard, I. T. Talbott, N. Schneider, Geo. A. Hall, S. B. Parsons, and Sidney F. Wilcox. Subject: "Surgery of the Intestinal Tract."

The full Bureau on Ophthalmology and Otology, as reported by its chairman, is as follows:

J. E. Jones, Chairman; Drs. Henry C. Houghton, Bushrod W. James, H. K. Bennett, F. Parke Lewis, Geo. S. Norton, W. John Harris, Chas. Deady, W. H. Winslow. Subject: "Acute Inflammation of the Eye, Ear and Throat."

Dr. B. F. Dake, Chairman of Bureau of Pædology, reports the following associates:

Drs. C. D. Crank, Clarence Bartlett, R. N. Tooker, Martin Deschere, C. H. Goodman.

In the absence of the chairman, Dr. Selden H. Talcott presented the address of the Bureau of Psycological Medicine, "Habits which tend to the Production of Insanity." This was an able paper and was well received, as was also the paper of Dr. J. D. Buck which followed, on "The Physio-philosophy of Habit."

The chairman of the Committee on Medical Legislation reported the full committee as follows:

J. H. McClelland, Chairman; Drs. F. H. Orme, J. H. Smith, C. E. Fisher, H. M. Paine, H. Pitcairn, W. J. Merrick, Seldon H. Talcott, H. R. Stout, J. B. G. Custis.

Dr. Geo. B. Peck, chairman of Bureau of Obstetrics, reported the following:

Geo. B. Peck, chairman; Drs. Julia H. Smith, Sheldon Leavitt, C. G. Higbee, W. C. Richardson, T. F. H. Spreng, L. P. Sturtevant, J. B. G. Custis, Emily T. V. Pardee, and Edward P. Scales. Subject: "Accidental Complications of Gestation."

Bureau of Registration and Organization will be constituted as follows:

T. Franklin Smith, chairman; Drs. I. T. Talbott, R. B. House, C. E. Fisher, E. M. Hale, Wm. E. Leonard, C. S. Ford, C. P. Fager.

Board of Censors report the following additional names:

Lyman A. Clark, Cambridge, N. Y.; and J. Arthur Bullock, Wilkesbarre, Pa.

Dr. John C. Morgan read his address as chairman of the Bureau of Anatomy, Physiology and Pathology.

The hour of noon having been reached, the special order was called—the election of officers and selection of place for next meeting—with the following results:

President, A. C. Cowperthwaite, Iowa City, Iowa; vice-president, N. Schneider, Cleveland, Ohio; treasurer, E. M. Kellogg, New York city; general secretary, Pemberton Dudley, Philadelphia; provisional secretary, T. M. Strong, Ward's island, New York. Next place of meeting: Niagara Falls, New York.

The Board of Censors of the past year was re-elected as follows:

Drs. R. B. Rush, R. F. Baker, T. F. Smith, H. B. Clarke, Mary A. B. Woods.

The Bureau of Psychology, Mental and Nervous Diseases reported the following members:

J. D. Buck, chairman; Drs. S. H. Talcott, F. W. Boyer, N. E. Paine, H. M. Brigham, C. S. Kinne, A. P. Williamson, W. H. Holcomb, J. G. Baldwin, W. M. Butler.

Bureau of Gynæcology reported the following members:

Philip Porter, chairman; Drs. L. A. Phillips, E. M. Hale, T. G. Comstock, R. Ludlam, S. P. Hedges, A. Claypool, M. Betts, N. Schneider, and L. L. Danforth.

On motion a committee of five was ordered appointed to draft a series of resolutions commemorative of the good will towards our retiring secretary in recognition of his long and faithful services; also that the same be properly engrossed.

Recess until 3 P. M.

FOURTH DAY.—AFTERNOON SESSION.

The afternoon's work was divided into three bureaus,* meeting in separate apartments.

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*The Bureau of Psychological Medicine, and also of Anatomy, Physiology and Pathology were reported respectively by Drs. Strong and Bartlett. As the lateness of the hour for adjourning precluded the personal copying of notes taken by these reporters, we have been compelled to accept in lieu the meagre newspaper reports.—Ed.

Bureau of Sanitary Science.

FRANK KRAFT, M. D., Stenographer.

Dr. Beebe, chairman, called the bureau to order; Dr. Jones, of Albany, secretary.

Dr. Wm. Owens, Cincinnati, read a paper on "Influences of the Climate in Disturbances of the Nervous System."

This was followed by "Ocean and Seashore Climate," read by Dr. Bushrod W. James.

Dr. Joseph Jones, San Antonia, sent in a synopsis of "The Influences of Climate in Affections of the Lungs."

Dr. G. H. Wilson, Meriden, Conn., reported a paper on "Influence of Climate in Diseases of Alimentary Canal and its Appendages."

"Influence of Climate in Disturbances of Circulation—Secretion and Excretion," was sent in by Dr. Geo. M. Ockford, Lexington, Ky.

"The Study of High Altitudes in Relation to Disease," by Dr. A. S. Everett, of Denver, was read by the secretary.

Dr. H. R. Stout, of Jacksonville, Fla., read a valuable paper on "Observations on Florida Climate." which was listened to with marked interest.

The secretary, Dr. C. E. Jones, then read his own paper on "Influence of Climate in Bronchial Affections."

These papers, together with one by the chairman, "Facts and Fallacies in Climatology," were then reviewed by Dr. Beckwith, who devoted himself almost entirely to the paper of Dr. Stout, complimenting him upon the excellent work he had done. He was certain that the State of Florida had one advantage over States at the North, and that consisted in the fact that the Florida house is open and not hermetically sealed; hence the patients and citizens there get fresh air, although the temperature sometimes fell 30 or 40 degrees in 24 hours, all the residents have to do is to use a little more clothing. As to malaria, he was not so confident of the correctness of Dr. Stout's position. His experience in Florida had been different. The water closets of the hotel at which he stopped were not well trapped, and he therefore attributed much of malaria and other diseases to bad drainage and defective sewerage.

This was not, perhaps, the case with Jacksonville, but he had found it in other parts of the State. Dr. Beckwith cited a case of asthma (in Cleveland, Ohio) occurring in a man working in a planing mill, which was so desperate that he gave him 10 drops tincture of Aconite mixed with a four ounce solution of gum arabic and cured him.

Dr. Jones put a number of questions to Dr. Stout concerning the climate of Hernando and Orange Counties, and in the region about Tampa Bay.

Dr. Stout said they were all good points and that patients will do as well in one place in Florida as in another, but they must hunt the places themselves. You cannot prescribe one town or one county for a person. Individualization must be exercised. The Gulf coast presents some advantages over the Atlantic coast in severe bronchitis and in female troubles also; but aside from that he saw no very great difference in one place over another in Florida.

Dr. Dudley had read somewhere of people in Florida taking a quinine pill before a meal instead of saying grace.

Dr. Brown complimented Dr. Stout on his valuable paper and admired his advocacy of fresh air, sunlight and exercise.

Dr. Jones made some few remarks in explanation and verification of the statement set out in his paper to the effect that the altitude of Saratoga in certain places was beneficial for pulmonary sufferers.

Dr. Fisher (Canada) said there was one subject—that of sewerage—which should have more attention everywhere. He referred to the La Neur system of drainage which had been in use in London for many years—which is properly a pneumatic system—by which the sewerage is pumped directly out of the houses into certain reservoirs. By the use of chemicals this waste material is transformed into a very valuable fertilizing agent.

Dr. Kinne said he never had the asthma, though everybody else told him he had. He had been south five times, and noticed that the symptoms of the patients were aggravated in proportion to the humidity of the atmosophere. The thermometer was no guide at all; it was the hygrometer and barometer that settled the business.

Dr. Fisher remarked that in the east it had not been uncommon to send phthisical patients to Montreal. He wanted to know if any one present had ever heard of a sailor having asthma.

Dr. Adams answered that he had treated sailors repeatedly for asthma.

Dr. Gorham said he had spent two years of his professional life in Cheyenne, which is 100 miles north of Denver, and while there had had three patients in his care who had suffered with asthma, one of whom being a gentleman living east of Chicago. He was relieved almost immediately, but on returning home each time was again seized, to find relief only at Cheyenne.

Other members took part in the discussion, so that the interesting proceedings were not adjourned until 7 o'clock.

The Bureau of Psychological Medicine was presided over by Dr. Selden Talcott, in the absence of the chairman. The papers heretofore read in general session by Drs. Talcott and Buck were then taken up and exhaustively discussed.

The Bureau of Anatomy, Physiology and Pathology was under the chairmanship of Dr. J. C. Morgan. "Malarial Pathology" was the subject for discussion.

The evening was given up to the social element, the Assembly hall having been cleared and made ready for Terpsichorean exercises. The banquet promised in the program failed of materialization—there being in its stead what under the circumstances was far preferable, a bounteous lunch which remained spread for the Institute members and their ladies until midnight.

The retiring president, Dr. F. H. Orme, of Atlanta, Ga,, and Mrs. Orme held a reception in the parlor of the Grand Union, where the individual members and guests were presented.

FIFTH DAY.—CLOSING SESSION.

Notwithstanding the lateness of the hour when the social feature adjourned last night (or this morning) a fair number of members put in their appearance when the President called the Institute to order.

During the first "Miscellaneous Business" hour the Board of Censors made its final report and the Institute elected the following candidates:

Lyman A. Clark, Cambridge, N. Y.; J. Arthur Bullard, Wilkesbarre, Pa.; Eugene H. Porter, New York; Mary F. Munson, Los Angeles, Cal.

This making a total of eighty-one new members added to the rolls during this session.

Dr. J. B. Gregg Custis, of Washington, D. C., presented the report of the Committee on Medical Legislation showing that in many states Homœopathy still lingered in bondage while in others it was doing well. On the whole the outlook was promising.

Dr. Cowperthwaite, presented the report of the committee on railroad fares, suggesting that members should utilize return certificates to a greater degree than formerly, and not rely on round trip tickets, thus aiding very materially the committee on railroad fares.

On motion the executive committee was given authority to change the next place of meeting, should circumstances seem to justify it, and Drs. A. R. Wright, D. G. Wilcox, E. S. Coburn, Phil Porter and E. H. Wolcott were appointed the local committee of arrangements.

On motion, it was resolved that hereafter papers in general or sectional meeting shall not consume more than fifteen minutes in the reading.

That not more than one-half of the time allotted to the report of the bureau shall be taken up in the reading of papers; papers whose authors are present, being read first, the other papers to be read only at the pleasure of the meeting.

A report of the special committee on transactions recommended that the present form be continued.

The committee on a testimonial to Dr. J. C. Burgher reported as follows:

WHEREAS, John C. Burgher, M. D., has rendered faithful and efficient service as secretary of the American Institute of Homœopathy for the past seven years.

Resolved, That on his retirement from this office, the Institute desires to place on record its high appreciation of the laborious work thus accomplished; its recognition of the uniform courtesy extended to its members, and the promptness in performance of the various duties of his office.

Resolved, That these resolutions, properly engrossed, be sent to Dr. Burgher.

H. D. PAINE, R. LUDLAM,
H. M. SMITH, PHIL PORTER,
D. S. SMITH, Committee.

Henry D. Paine, M. D., necrologist, presented his report mentioning the deaths of the following members:

C. Theo. Liebold, New York; R. Sargent, Philadelphia; J. P. Dake, Jr., Nashville; Henry Detwiler, Easton, Pa.; A. E. Small, Chicago; H. B. Easton, Rockford, Me.; R. R. Gregg, Buffalo; David Cowley, Pittsburgh; Chas. Bossert, New York.

Dr. Kinne moved the following resolution:

That the hearty thanks of this institute are due our esteemed president for his uniform courtesy, justice and decision in presiding over our deliberations, and we assure him that through life we shall carry memories of our pleasant meeting and follow him with our prayers for his continued health and life.

Adopted by a rising vote.

Dr. T. F. Smith referred to the death of Drs. Detwiler and Bossert.

Dr. George S. Norton delivered a glowing panegyric upon Dr. C. T. Liebold, of New York City.

Remarks were also made by Drs. Morgan, D. S. Smith, D. H. Beckwith, A. R. Wright, J. B. G. Custis and R. Ludlam.

Resolutions of thanks were extended to the proprietor of the hotel for the care and courtesy extended to the members of the Institute, and to the press for its full and more than usually accurate reports.

Dr. Orme expressed his deep appreciation of the courtesy of the Institute in their action of last year in electing

him president while detained at home on account of sickness, and for their renewed expressions of kindness and good will shown to him during the present session as presiding officer.

Whereupon, no further business appearing for this session, the Fortieth Annual Session of the American Institute of Homœopathy was adjourned *sine die.*

THE HAHNEMANNIAN ASSOCIATION.

[Reported by FRANK KRAFT, M. D.]

MORNING SESSION.

The Eighth Annual Session of this Association was held at Ocean Hotel, Long Branch, N. J., on June 21st, 22d and 23d.

The meeting was called to order by the President, who thereupon read his Annual Address, which was referred to a committee consisting of Drs. Lee, Butler and Sawyer.

The annual reports of the Secretary and Treasurer were read and approved; the latter reporting the receipt from all sources of $331.17, and expenditure of $230.52; against the balance of $100.65, however, there was an indebtedness of $164.15.

Dr. Rushmore reported his appointment as delegate from the N. J. Hom. State Society, and stated that a strong reaction had taken place in that Society in favor of unmixed Homœopathy.

Dr. Sawyer made a similar report from his (the Indiana) State Society.

A number of letters were read from absent members, one of whom, Dr. Thos. Skinner, of England, accompanying his regrets with a substantial token of regard.

On motion of Dr. Butler the resignation of Dr. Samuel Swan was made the first order of business for to-morrow.

Dr. Wesselhœft read the report of the Committee on By-Laws with several proposed alterations. Their consideration was postponed until to-morrow.

The Board of Censors made a partial report, and the Secretary attempted to show that Dr. Frank Powel had

not been elected last year, the published Transactions to the contrary notwithstanding; but he was corrected by Dr. Lee who explained how it had occurred.

On motion it was ordered that the Board of Censors report no names to the Association upon whom they were not prepared to report favorably. The following names were then read and elected:

Drs. Geo. H. Carr, Bradford LeB. Baylies, E. T. Adams, Harriett H. Cobb, Chas. E. Chase, Theodore S. Keith, Flora A. Waddell, Joseph D. Tyrrell, Samuel L. Eaton, W. J. H. Emory, Morris P. Wheeler, Jas. W. Thomson, John V. Allen, Frank Powel, Nathan Cash, W. H. Baker.

AFTERNOON SESSION.

The first paper read in the Bureau of Materia Medica was by Ad. Lippe, M. D., on "Progressive Materia Medica: How it is Developed." Following this came "Errors in Drug Proving," by P. P. Wells, M. D.; "Homœopathy and its Relations to the Germ Theory," by Harlyn Hitchcock, M. D.; "Tissue Remedies," by E. B. Nash, M. D.; each of which received thorough and instructive discussion.

EVENING SESSION.

The Auditing Committee on the Treasurer's accounts reported and report received and adopted.

Dr. Lee suggested that the Proceedings be hereafter published as a monthly journal, under the editorial management of the Secretary.

Drs. Bell and Nash suggested that it be published as a supplement to the ADVANCE.

The subject was finally referred to a committee consisting of Drs. Custis, Butler and Bell.

The special order for considering the resignation of Dr. Swan was then re-considered and the Association went into a Committee of the Whole, which recommended that the resignation be accepted.

SECOND DAY.—MORNING SESSION.

In a letter to the Association Dr. Tyrrell suggested that a new translation of the Organon be brought out under the

auspices of the Association, and on motion Drs. Wells, Lippe and Wesselhœft were appointed a committee on the Translation of the Organon.

The Committee on By-Laws then took up its recommendations with the following changes as the result:

SECTIONS 1 and 2 remain unchanged.

SEC. 3. Applications for membership may be received at any regular meeting. They shall be endorsed by three members of the Association who are in good standing, such endorsement shall be made not upon the general reputation of the applicant but upon the positive knowledge of one of the endorsers. It shall be the duty of the Chairman of the Board of Censors to send the names of applicants to the members of the Association at least six months before the next annual meeting.

SEC. 4. The application shall be in the possession of the Chairman of the Board of Censors for the period of six months before the annual meeting and the applicant shall place in the hands of the Chairman at least three months before the annual meeting an original thesis consisting either of an original proving, or a clinical report of three cases treated by him or her. If the applicant is elected his or her thesis shall be referred to the Committee of Publication; if rejected the thesis shall be returned to him or her.

SEC. 6. The name of any applicant for membership in this Association which has been rejected by a unanimous vote of the Board of Censors shall not be presented to the Association for action in any case; but in case of the rejection of any applicant by a majority vote of the Board of Censors the minority of that Board *may* report the name of such applicant to the Association for final action.

SEC. 7. The annual dues of this Association shall be $5.00, payable in advance. [No initiation fee.]

The Board of Censors report the following names which are duly elected:

Drs. J. H. Allen, H. P. Holmes, D. H. Riggs, F. C. Hood, Jarvis U. Woods.

The report of the Bureau of Materia Medica was then resumed.

Dr. W. P. DeFries (a non-member) presented the Association with a paper on "Confirmations"; "Verifications," read by Dr. J. A. Biegler,; "Salicyilc Acid and Melilotus Alba" (new provings) were read by Dr. H. C. Allen; also a paper by Dr. A. McNeil, entitled "A Number of Verifications."

AFTERNOON SESSION.

"Provings of Sanicula," from Drs. Sherbino and Gundlach, read by title; also a paper on "Seriaca Barlowii." On motion of Dr. Wells the latter paper was rejected. "Repertory of Gonorrhœa with Concomitant Symptoms of the Genital and Urinary Organs," by S. A. Kimball, M. D. The introduction was read and its purport explained by the author. "A Few Experiences with Dulcamara on Women," by W. P. Wesselhœft, M. D., was followed by Dr. A. McNeil's paper, "Characteristics of Dulcamara."

The Committee on Publication of the Transactions reported that they could not recommend the independent journal suggestion, and the publication of the Transactions was finally referred to the Publishing Committee, Drs. Wesselhœft, Butler and Ballard.

Committee on President's Address submitted its report, through Dr. Butler.

The election of offiers made special order for to-morrow morning.

EVENING SESSION.

W. S. Gee, M. D., appointed Chairman of Bureau of Materia Medica.

The greater portion of the evening was occupied in listening to the report of a committee from the Woman's Homœopathic Hospital Association of Philadelphia. After this the Bureau of Surgery was opened with Dr. J. B. Bell, Chairman *pro tem.* "History of a Mammoth Ovarian Tumor Successfully Removed," by E. Carleton, M. D., was followed by a paper on "Antisepticism," by Dr. Plummer, of Boston, one of the ablest papers presented at the session.

THIRD DAY.—MORNING SESSION.

The election of officers being the special order of business, was then taken up with the following result:

W. P. Wesselhœft, M. D., Boston, President.
C. W. Butler, M. D., Montclair, Vice-President.
W. A. Hawley, M. D., Syracuse, Treasurer.
E. A. Ballard, M. D., Chicago, Secretary.

The Bureau of Clinical Medicine was well represented, many voluntary papers being presented. "A Study of Sulphuric Acid," by C. W. Butler, M. D., was most excellent. Valuable papers were also read by Drs. Ed. Rushmore, J. A. Biegler, C. H. Lawton and the Chairman, E. W. Sawyer.

The Board of Censors made a final report by presenting the names of Wm. Morris Butler and Rufus L. Thurston, for membership, and the same were duly elected.

The Bureau of Obstetrics and Diseases of Women and Children, E. P. Hussey, M. D., Chairman, was also well represented, papers being read by Drs. Julius Schmitt, Ed. Rushmore, E. A. Ballard, Samuel Long and the Chairman. Many were read by title and referred for publication.

A new Bureau, that of The Philosophy of Homœopathy, was added to the list, of which Dr. Ad. Lippe was made first Chairman. A report was promised at the next meeting.

After some routine business a most successful meeting was adjourned to meet at Niagara Falls--Canadian side if found practicable—and Dr. E. P. Hussey, of Buffalo, made Chairman of the Committee of Arrangements.

COMMENT AND CRITICISM.

DIPHTHERIA: CAN HOMŒOPATHY CURE?

D. B. MORROW, M. D., St. Louis, Mo.

Last week the Missouri Institute of Homœopathy concluded a pleasant and withal profitable session. A paper on the treatment of diphtheria by Dr. Kershaw, in which the author recommended vigorous treatment, as if treating a snake bite—milk and whiskey every two hours to keep the strength up, and Gelsemium and Mercurius cyan. without indications or potencies, as the best remedies—developed the fact, in the discussion, that most of the members present were sceptical as to homœopathic cures of diphtheria. One gentleman said, "it made

him tired to hear of continued homœopathic successes and no failures." Another was applauded for a similar sentiment. Another said, "if the patient gets well, I tell the parents it had sore throat; if it dies I put diphtheria on the death certificate. "Steam and inhalation" were thought by several the best treatment, and it was thought these cases would probably have recovered without even the use of steam. It was further claimed that no remedy in its pathogenesis, was a similar to the prostration, the blood disorganization and paresis of diphtheria. A committee was appointed to make microscopic examinations of blood, pus, membranes, etc., of diphtheria patients during the year for the purpose of determining its pathology and correct diagnosis, and to enable us to scientifically treat this "curse of the civilization of the 19th century." The president said "some thought diphtheria should be *prevented*, since it could not be cured." Being a very new member not used to that kind of Homœopathy, and, withal, modest, I did not make my little speech. Drs. Schott and Morgan defended Homœopathy and maintained that this dread disease could be cured.

Most of these gentlemen are authors, teachers in colleges, and honored with government employ. If they hold such opinions, what may we expect of their students? I want to remark that the law of Homœopathy, is founded in experimental fact; a law of nature—as true as any proposition in Euclid—and that it has been demonstrated as many times. And I believe that it may be made still more certain, so that even "this dread curse of the civilization of the 19th century," may be cured. Can it be possible that all the gentlemen who have reported cures were mistaken in their diagnosis, and simply cured a catarrhal sore throat? What is the cause of the discomfiture of these gentlemen? Probably it is this: to solve a problem in Euclid or algebra, you need *all* the *terms*, else you reason from false premises and arrive at false conclusions. That would not disprove the truths of mathematics. A million such blunders, would only prove that they were blunders. So in treating disease the physician wants to get all the terms of the proposition,

the totality of the symptoms, and give to each its proper weight, else he reasons from false premises and arrives at humilating results, which is no fault of the law of the similars. A million such failures would only prove that they were blunders; so that it would appear a man is not necessarily a falsifier because he reports cures of diphtheria. Any disease should be treated vigorously when the doctor is consulted and the most vigorous thing he can do is to give the simillimum of the case in hand regardless of its pathology.

I too, would *prevent* diphtheria, but would not do it by nosing about among people's closets and ash pits, but by curing *the chronic miasms inherent in families* that permitted me to practice for them. It would be killing the golden goose, but save ourselves a great deal of worry, and many possible heartaches to our patrons.

These miasms classified by Hahnemann as psora, syphilis and sycosis, are the probable factors that make most of our bad cases and often make the "doctor a ninny." It may be necessary to cure the miasm, before we can cure the acute disease present. For instance: I was called to a lad, suffering from intermittent fever. Natrum mur. was clearly indicated, and was exhibited, but the fever was not arrested for some days. Looking critically at my patient, his tongue, enlarged tonsils and saw teeth, gave a suspicion of syphilitic taint. Mercurius iod. was exhibited for 24 hours. When returning to Natrum mur. the fever was immediately cured.

A baby, bottle fed, suffered with constipation, vomiting and colic; worse nights. Various things palliated but nothing cured. When she went "to teeth" Mercurius was indicated; receiving it she immediately grew strong and well. Two of the older children had scarlatina with diphtheritic patches, vomiting, purging and cold sweats. Baryta carb. seemed indicated but it took Mercurius iod. to cure. When the permanent teeth appeared in the older children syphilis was apparent. A second baby was attacked just as the previous one. Very costive, pale, colicky at night. A few doses of Mercurius cor. 200, removed the whole trouble,

and the baby grew strong and well. The improvement was attributed by the parents to the food I ordered for it.

A lady came to me for nearly a year for some chronic troubles; remedies were clearly indicated, and the symptoms prescribed for disappeared, but something else would immediately appear. She said her parents were healthy. Later the mother came for treatment for indigestion, constipation and hemorrhoids. A close examination discovered an eruption of warts and that her hemorrhoids were sycotic excrescences. That solved the problem of her daughter. Such experiences, no doubt, occur to every physician, and should be remembered when these severe acute diseases present themselves for treatment.

My failure to cure the first baby was because I was trying to solve my problem without all the factors and not because the law of the similars is not true. If homœopathic doctors would study the symptoms more and pathology less, and report all verifications, homœopathic practice would be made a certitude, and the greatest benefit would be conferred on humanity.

Is it wrong to mention the name of the Sage of Cœthen at a homœopathic meeting?

[Dr. Morrow makes a valuable and a practical suggestion, one that strikes directly at the cause of many if not all of our failures, not only in the treatment of diphtheria but of all other affections, both acute and chronic. We neglect to take into account *all the factors* of the case, and then attribute the failure to a defective law of cure. It is so much easier to say "the law of the similars is limited in its action," or "I do not believe it applicable to every case," than it is to follow Hahnemann's instructions and obtain "all the factors" obtainable by writing out the symptoms. We venture to say that not more than one homœopathic physician in twenty ever tries to obtain "all the factors" of his cases in Hahnemann's way, and yet the majority of us are prone to attribute our failures to defects in the law. The case must be written in detail, if we would obtain "all the factors" upon which to base a prescription

that will cure; and the excuse, "want of time," for neglecting the most vital part of the duty of the therapeutist, is not a valid one. To take the case properly may require a little more time at the first examination, but *much less* at each subsequent one, than to take it "on the fly," *a la* Allopathy. When we violate, as Dr. Morrow says, one of the first principles of our art, we should not expect to achieve the highest attainable success. If our homœopathic physicians would carefully apply this simple rule, there would be no necessity for the appointment of committees to make "microscopical examination of the blood" or to ascertain the nature of the microbe which causes diphtheria or Asiatic cholera. Neither would it be necessary to complain about the potencies, as they would cure their patients with almost any potency if they selected the proper remedy; nor would it be necessary to longer perpetuate the farce of dividing the school into two imaginary factions, the "high" and "low dilutionists," as all would then select their remedies in the same way.]

A SUGGESTION.

Editor Advance.—It is now some fourteen years since Mr. Cleave issued his "Biographies of Homœopathic Physicians and Surgeons." Many of your readers will no doubt remember the circumstances under which that work was published. Encountering at the outset the most violent and uncalled for opposition, Mr. Cleave was pursued and obstructed at every step in his work. Homœopathic Editors and doctors tried to make it appear that the proposed work was a bare faced fraud, and the profession was loudly warned to avoid it. In spite of all this a large and elegant volume was issued and though shorn, through malice, of much of its value, it is to-day one of the most valuable books in our literature. The energy and labor of its compiler was crowned with deserving success. But when I turn to the interesting part of this book, I am saddened at the fact that the folly of these men kept out so many desired biographies. Many a time have I had occasion to

look up the history of some member of our profession and found with sorrow that this "Encycopœdia" of our doctors does not contain all it should. I paid fifteen dollars for Cleave's work, and I would not take thrice that for it. Now I have this suggestion to make: Inasmuch as no such opposition as met this first effort is likely to arise, especially as the chief offenders are not now connected with our journals, and as the need of a true Encyclopœdia of our homœopathic workers—doctors, editors, laymen, etc., etc., is as great as ever and particularly as much valuable material is being constantly lost, let us have such a work projected and with a willingness and harmony befitting such a project let us all take hold and help get it out, if possible, before the end of the year. If those who approve the suggestion would communicate with the editor of this journal we might soon ascertain if the proposition is desirable or feasible. In my mind there is no question of it.

T. P. WILSON.

ANN ARBOR, June 5, 1887.

UNJUST CRITICISM.

Editor Advance:—The May number of the *American Medical Journal*, of St. Louis, contains an editorial criticising our "Is Similia Similibus Curantur a Universal Law," etc. Although we do not think it wise to enter into a controversy, and as a rule will not answer criticisms, this attack is so uncalled-for and so unjust that we can not let it pass unnoticed.

In the first place let us define our position. We are thoroughly Homœopathic and Hahnemannian; we believe in the single remedy and the minimum dose; that Similia Similibus Curantur is the only curative law known among men, that it is universal in its application, and as immutable as God himself. Yet, while we believe this, and in our own consciousness *know it to be the truth*, we accord to *every* man the right to think for himself and to form his own opinion according to the best light God has given him. We are not prejudiced; on the other hand we seek earnestly for the truth. We do not write to antagonize any individual, but to combat error.

An *honest* criticism, having for its object the development of that which is highest and best, we love; but we have nothing but pity for that man who substitutes ridicule for argument, and with the breath of sarcasm extinguishes the torch that might lead some

other soul up to the light. There are those who have comprehended the beauty and grandeur of the homœopathic law; these will enjoy our article, and these truths (like the diamond of the purest water) will lose none of their beauty by having the light thrown upon them from different directions. Again, there are always those who need to be strengthened and encouraged; they also would appreciate it. Had our article been written for the *A. M. J.*, we would not have been surprised, and ought to have expected some such analysis of the subject, but it was not; the criticism is, therefore, wholly uncalled for.

It is unjust: 1st. Dr. Younkin publishes it in his own journal and nine-tenths of its readers will never see our paper. 2nd. He starts out with a misstatement, citing two cases given as illustrations, and says we offer them as proof. This is a mistake; perhaps not intentional, but if Dr. Younkin intended to be just, why did he leave out of case one a sentence that would have commended itself to every thoughtful physician of whatever school, viz: After ascertaining that the mother had such a craving for the vegetable in question, we reasoned thus:

"This article of diet may not only be homœopathic to the case, but there is evidently a demand in the system (that of the mother) for some element of nutrition contained in the cabbage."

The Doctor may be very skillful in his own department, but it will be apparent to every homœopathic physician who reads his criticism that he has no knowledge whatever (not even the a, b, c) of Homœopathy. It would be folly for us to attempt a discussion of this subject with him. What he needs (if he wishes to enter the field of homœopathic literature) is an instructor. There is a good homœopathic college in St. Louis. We advise him to attend. We will gladly furnish any one so desiring a copy of the paper referred to.

C. H. LAWTON.

WILMINGTON, DELAWARE.

Editor Advance.—Your editorial in the February number puts the 'Potency' question just where it belongs and has always belonged. He is a good homœopathic doctor and a true one too, who knows how to use the potencies, but he is a *rara avis*. Strange that a matter so little understood and so really unimportant in the abstract, should be the entering wedge to split our school in twain; but abstractions as to doctrines and theories have always been the most prolific factors of disturbance and contention as they have been of the grossest injustice and persecution.

T. F. POMEROY, M. D.

EDITORIAL.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."—HAHNEMANN.

DIPHTHERIA.—The homœopathic treatment of Diphtheria should not, and, in fact, does not differ so materially from the treatment of any other constitutional affection as to render it distinctive. The exudation—the characteristic diagnostic sign—is simply an external manifestation of an internal derangement, hence should not be interfered with by local applications. It is the physician's "sign board" marking the progress of invasion or decline of the internal constitutional disease and its suppression or obliteration by topical applications is an empirical expedient entirely foreign to all true homœopathic or scientific treatment. It is a relic of Allopathy, and the success which our allopathic brethren meet in its employment certainly does not warrant the abandonment of our therapeutic law for such doubtful methods; and so long as Homœopaths adopt the allopathic mode of treatment they must expect to meet with allopathic success. In the March issue of the *Southern Journal* Dr. W. H. Holombe thus discourses of local treatment:

The earlier Homœopaths discountenanced local measures almost altogether, on the theory that all local or external manifestations of disease were the products of the internal derangements of the vital force, and would disappear spontaneously when the interior morbid processes were rectified. There is a great truth in this idea, but it is carried to an illogical extreme when we are forbidden to arrest a disease entering from without on the very threshold of life. This is repeatedly done when we destroy the syphilitic sore in its earliest external manifestation; and this also can be done when the diphtheritic deposit appears first in the throat, without fever, in children who have been recently exposed to the infection. * * * *

It is entirely different, however, when diphtheria begins with intense fever and constitutional disturbance, previous to the manifestation of local disease. Then the membranous deposit is pushed out from within, stratum after stratum, and its removal by mechanical or chemical means is of no more service to the patient than would be the removal of the pustules from the face of a

small-pox victim. It is like throwing water on the front of a house while its interior is on fire.

Is any membranous deposit ever formed in any other way than by being "pushed out from within, stratum after stratum"?

In these cases you cannot arrest the spread of the deposit by any external means whatever. In fact, the deposit does not spread at all, any more than the small-pox or measles spreads from one part of the skin to another. It only keeps coming out all along the mucous membrane, by an exudative process, moving from within outwards. You are told that Alcohol, Lime Water, Lactic Acid, or solution of Pancreatine, and other things, are splendid solvents of the diphtheritic membrane. You apply them faithfully. The membrane really becomes thinner, and perhaps even disappears. But you have in fact done nothing for the patient. The deposit is not the disease, but only an effect of it, and while you are working on the surfaces the enemy rages within unextinguished.

All true followers of Hahnemann, Hering and Dunham "discountenance local measures." The use of medicated topical applications in Diphtheria, or for that matter in any other disease, is not only a violation of our principles of practice, but, so far as the disease is concerned, worse than useless. What utter nonsense to talk of eradicating syphilis, "when we destroy the syphilitic sore its earliest external manifestation." Has not the virus already been coursing through the circulation for fifteen or twenty days before it makes its external appearance in the form of an ulcer? As well attempt to eradicate the disease by removing the pustule of vaccination, the eruption of variola or the rash of scarlatina after the period of incubation, as to remove the constitutional affection in syphilis or Diphtheria by suppressing or destroying the local manifestation. Dr. Holcombe says that in one form of Diphtheria, local treatment "is like throwing water on the front of a house while its interior is on fire," and yet in another form it is to be used. The Doctor is a little "mixed;" apparently he is attempting to ride two theories at once, and after a desperate struggle lands on the allopathic side of the question, in the mud.

Gen. James Longstreet once called upon me and asked the question: "Can you manage a case of diphtheria without local treatment?" I told him I could. "Come and see my daughter,"

said he; and I carried that child through as terrible a case as I ever witnessed with nothing but internal medication. The General told me that he had lost three children under allopathic treatment. Several doctors came three times a day and directed their concentrated effort upon the exterior treatment of local disease. They declared that every trace of diphtheria was eradicated from the mucous membrane. When they had achieved their local victory the children were all dead.

In the unanswerable objections to topical treatment in the above quotations, are to be found the only grains of truth in this well written but pernicious article. Would it not be advisable for Gen. Longstreet or some one else, to ask a similar question and obtain a similar pledge from every homœopathic physician in the land when called to treat either a mild or malignant case of Diphtheria? What a commentary on the results of the topical treatment of Allopathy is here given; "after every trace of Diphtheria was eradicated from the mucous membrane, the children were all dead." And yet it is for such empiricism that our professed Homœopaths forsake their law of cure, and publish their ignorance to the medical world by saying, "we have not the suitable means to apply it." Why profess to believe in a law at all?

The febril stage which is sometimes very severe, but generally of short duration, I meet with Belladonna 2 or 3x, and if there is much arterial tension I alternate it with Veratrum viride in stronger doses. At the same time I evacuate the alimentary canal with a purgative dose of Mercurius dulc 1x, or by an enema.

I then attempt to counteract the morbid processes going on in the interior. I judge of these processes by their effects. "By their fruits ye shall know them." Two remedies are approximately homœopathic to these processes, Mercury and the Bichromate of Potash. The former I have used in all its shapes, Protoidide, Biniodide, Bichloride and Cyanuret. There is little difference between them. The Kali Bichromicum is more reliable than the mercurials, from its affinity for the nasal and laryngeal, as well as for the buccal membranes.

If no decidedly beneficial results are obtained in a reasonable time, I drop the Mercury and substitute Nitric acid, in dose just sufficient to acidulate the water.

This remedy, recommended many years ago by our friend, Dr. Dake, has displayed a wonderful influence in some of my cases of diphtheria.

If the case progresses from bad to worse, and the symptoms of blood poisoning and its consequences become more and more apparent, I think we have no Homœopathic remedies more suitable than Lachesis and Arsenic.

Now all this I call approximate Homœopathy. And in the absence of a direct specific for diphtheria, the best thing we can do is to sustain the vital powers and keep our patient from dying of exhaustion until nature can expel the disease and repair the damages it has made.

This is evidently what Dr. Holcombe calls the homœopathic treatment of Diphtheria. But the only possible excuse for calling it homœopathic is because it is found in a homœopathic journal and homœopathic remedies are used.

This could not be more empiric were it prescribed by Dr. Palmer himself. Well may Homœopathy exclaim, "save me from my friends." This certainly is treating Diphtheria, not the patient nor the symptoms of the patient and would be just as successful in yellow-fever or Asiatic cholera as in Diphtheria. Dr. Holcombe says, "I call this approximate Homœopathy." It would have been nearer the truth to have called it "approximate" Allopathy, for even the first elements of Homœopathy are wanting. Ever since this scourge has received a distinctive appellation our allopathic friends have been in search of "a direct specific for Diphtheria," and for this will-o'-the-wisp Dr. Holcombe is still seeking. Fatal dream! fatal not only to his hopes but to his unfortunate patients. Well might Hahnemann say: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."

WHAT THEY SAID.

J. W. Dowling, M. D., (New York):

"Mr. President: I rise to nominate for the high office of President of the American Institute of Homœopathy, Prof. A. C. Cowperthwaite, M. D., of Iowa City, Iowa, Dean of Homœopathic Medical College connected with Iowa University; author of a valuable work on Materia Medica; Professor of Materia Medica in the before mentioned University; for many years, the able, courteous, energetic, untiring chairman of the railroad and steamboat com-

mittee for this Institute; a good and successful practitioner; his wife informs me, a good husband, and a devoted father; an active church member, and a devout christian—or if not the latter, with his associations as a prominent member of this Institute, he ought to be.

I would mention the fact that I read this over to the Doctor and asked him if there was anything he wished to add. He modestly answered, no. I then asked him if he knew anything against himself. He emphatically answered, "No; except that I was born in New Jersey."

I immediately declined nominating him, when he explained this by saying his birth in that state was an accident. His mother was visiting the sea shore at the time. His parents hailed from Pennsylvania. I forgave him, and trust the Institute will."

Ad. Lippe, M. D., (Philadelphia):

"I call attention to the fact that in traumatic injuries, e. g., a blow on the face by a snow-ball or anything else, the only remedy I have ever seen efficient is Symphytum officinale. I have had bad cases where Homœopathists have tried Arnica and everything else; and in spite of all remedies used, the inflammation continued. In every instance I have cured them with a single dose of Symphytum. I have used it these many long years, with complete success."

W. P. Wesselhœft, M. D. (Boston):

"I believe that when we have three points for anything that object will stand—whether those points be proven symptoms or we find them in disease. We have the tripod and it will stand. I made a cure with Magnesia phos. very similar to one reported by Dr. Nash, and I think a better one has never been made with any other remedy. This was the case of an old lady of 76 years with neuralgic troubles. I had observed that Magnesia phos. had its pain entirely on the right side; that it was almost always supra orbital in the face, darting, intermittent; that the menstrual pains are very much like Pulsatilla pains, only that Magnesia phos. is relieved by warmth while Pulsatilla is aggravated by heat. This old lady had suffered perfect torture off and on for three years. She received at different times, at intervals of three or four days to two months, three times Magnesia phos. To-day she is entirely cured and has not had a toothache since. Right side of the head and body. I think the abdominal pains are not so much right-sided; but the so-called ovarian pains are right-sided."

Eugene B. Nash, M. D. (Cortland, N. Y.):

"Cactus given to a Cactus patient will cure him no matter whether Cactus was ever proved or not. I advocate proving the remedy first, but if we have discovered a symptom which is re-

EDITOR'S TABLE.

WANTED.—I want to form a partnership with an older physician, or buy a practice. Best of references, and good reasons for desiring to change. Please Address Y. Z. Care MEDICAL ADVANCE.

FOR SALE.—Good house and lot, with barn on rear, one-half block from Main street, and one of the best locations in a city of over 1,200 inhabitants. Office in house. No other homœopathic physician. Practice averaging $2,500 to $3,000 a year. For sale cheap and on easy terms. Will introduce successor. Address H. L. T. Care MEDICAL ADVANCE.

FOR SALE.—A growing practice worth $3,500 a year in cash, in a city of Illinois, which is the county seat. 2,500 inhabitants, good schools, churches, hotels, street-lights, etc. Will sell either with or without property of any kind and introduce successor. Address A. B. Care MEDICAL ADVANCE.

REPRESENTATION BY STATES.—The following list of members by States attending the recent sessions of the American Institute was taken from returns made to Dr. T. F. Smith, of the Bureau of Registration: Cal. 3, Conn. 6, Del. 3, D. of C. 1, Fla. 1, Ga. 1, Ill. 11, Ind. 2, Iowa 2, Ky. 1, Me. 2, Md. 2, Mass. 28, Mich. 7, Minn. 1, Mo. 3, N. J. 7, N. Y. 59, Ohio 12, Penn. 28, R. I. 6, Vt. 4, Wis. 2, Canada 1. Total 192.

WANTED.—At the Brooklyn Homœopathic Hospital, 109 Cumberland St., Brooklyn, N. Y., an Ambulance Surgeon. Apply at once to Charles L. Bonnell, M. D., Chief of Staff, stating references and time and place of graduation.

REMOVALS.—Wm. C. Right, to Oberlin, Kansas.—K. L. Hickox, 424½ Main street, Little Rock, Arkansas.—R. M. Nichols, to Sheboygan Falls, Wisconsin.—A. C. Nivison, to Waupun, Wisconsin.—I.J. Schott, to Plainfield, Illinois.—Miss R. Pike, to Norway, Maine.—F. C. Stewart, to Wabash, Indiana.—D. B. Neal, to 522 Main street, Little Rock, Arkansas,—J. Lang, to Dallas, Texas.—E. Dilliard, to 455 Washington Boulevard, Chicago.—Mrs. Ida Smith, to Lewistown, Pennsylvania.—H. P. Phillips, to 2904 Pine street, St. Louis, Missouri.—L. R. P. Knox, to 1701 Lucas avenue, St. Louis, Missouri.—W. L. Hartman, to Antwerp. New York.—E. C. Briggs, to Clay Cottage, Washington avenue, Pittsburgh, Pennsylvania.—Wm. C. Richardson, to Turner Building, 304 N. Eighth street, St. Louis, Missouri.—M. M. Howells, to Harwtell, Ohio.—Drs. H. W. Andrews and J. Medley (St. Louis, '87) have been appointed to the medical staff of the Woman's Homœopathic Hospital Association, Philadelphia.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

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ORIGINAL CONTRIBUTIONS.

HOW TO SUCCEED AS PHYSICIANS.*

JAMES B. BELL, M. D., Boston, Mass.

Mr. President and Colleagues: Having been invited by your President to address you at this time, I felt it to be an honor not to be declined; but I hope that you, on your part, will not expect much, but will be rather like the philosophic Irishman who went to the neighboring market town to sell his cow. On his return towards evening a neighbor met him, and said: "Well, Pat, did you sell your cow for as much as you expected?" "No," says Pat, "I didn't; an' faith I didn't expect to." So if you do not get much, please remember that you did not expect to.

I would not be here, however, if I did not feel that I had something to say; some convictions to express; some little contribution to make to the welfare of our beloved profession; and if I seem in anything to be too serious, or to be

* Address before the Rhode Island Homœopathic Medical Society.

inclined to preach, I beg you not to take it all for yourselves, but to leave some for me, for the only way I know of to say anything, is to say it right out of my heart and life, and to talk to others just as I talk to myself.

The subject which engages my thought at the present time is, "How to Succeed as Physicians," purposing to give you in my answer the results of my observation for twenty-five years and more, upon the causes of success and failure among the professors of the healing art.

I would answer, first of all: *Dignify your office; take a lofty view of your calling.* Look not upon it for a moment as a trade, or as a competing business with others. Of course, it is your means of livelihood; but there is an old promise: "Seek first the kingdom of God and his righteousness, and all these things shall be added unto you." And it is just this point which I wish to maintain, that to the physician who looks upon his profession as a sacred trust, and a calling loved for itself, these more material and necessary rewards will come.

The average judgment of the community about any man (unless he is a bank cashier, or treasurer of a corporation) is pretty nearly just; and the people always know the tone of mind and habit of thought and action of their physicians. If he is devoted to his work from lofty motives, they know it; if he pursues it chiefly for gain, they know it; if he is lazy, careless or weak, they know it; if he is studious, faithful and self-reliant, they know it. So, as we cannot conceal the facts, and have to trust to the people after all, we might as well do it boldly and aim high, leaving all the rest to them.

There is no chance here for the demagogism of the politician, with organs and orators to beguile the people of their just views of character. It will help us in maintaining this position to always regard ourselves as belonging to an ancient and noble profession, all the good works of which, and all the great and noble minds which have adorned it, belong to *us* as much as to those who deny the truth of the only *law* of therapeutics. I am indebted to Dr. Jones, of Taunton, for this thought, which I think he

expressed at your summer meeting; but it will bear repeating.

There is a certain "*esprit de corps*" among the best men in both schools, which we should all do well to emulate—a lofty tone of professional honor and duty, both to the community and to brother physicians of either school. There are physicians in the allopathic school whom I thoroughly respect, no matter how much I differ from them, for following a true ideal of professional life and service, and I rejoice to see them honored in so doing.

Let us come up, now, on this higher ground, and through this clearer air, "view the landscape o'er." Hippocrates will give us our first outlook by means of the celebrated oath attributed to him, and which makes all true physicians kin. The first part of the oath is taken up with an adjuration to all the deities, faithfully to fulfill all the requirements to the best of his knowledge and power. Next follows the avowal of gratitude, and its scrupulous performance to the highest degree, towards his preceptor and all his family (with us the *alma mater* would to some degree take the preceptor's place) regarding him as a parent, and his children as relatives, engaging to teach the science to them, without fee, to its full extent, as he would to his own, and that, without previous assumption of this oath, he would teach the science to no one.

In the next clause of the oath, he promises to act faithfully toward the sick, prohibiting all that could harm them, and never prescribe poison or remedies for procuring abortion. He purposes to live a chaste and pious life, to observe profound secrecy in his profession as to family matters, to avoid all corrupt influences with either sex whether bond or free, in the employment of aphrodisiacs; and in case he should act in opposition to the above, he prays that he *may neither live long, be successful in his pursuits, or become celebrated in his profession;* but that if he scrupulously observe those things, the reverse may be his destiny.

That has the true ring after two thousand years, and will give the same true sound two thousand years hence. Times

and manners have changed, and will change, but *principles* will remain the same. Hahnemann has not expressed himself anywhere so briefly, but his whole life and writings breathe a lofty devotion to the art of healing, so that as followers of Hipprocrates and Hahnemann also, we are doubly bound to these sentiments.

There is reason enough for all this on the highest moral grounds; but I have undertaken at this time to show that this attitude is necessary for all true success. We see, then, that this is a lofty vantage ground. It gives the physician, even though young in his profession, a position of dignity and power with the people. He can speak as one having authority, because he will always speak from principle and not from policy, and can enforce his commands with vigor because they are for the patient's good, and not for his own. I wish I could sound this forth in every medical college in the land, especially our own, so that every graduate may go out, not with his aim fixed upon what he is going to *get*, but on what he is going to *be* and *do*. I have a hearty sympathy with students who have struggled through years of privation to reach the coveted diploma, but I do not the less deprecate the mercenary tone that often prevails among them in the discussion of their plans and prospects.

But to return to the subject. One of the worst mistakes a physician can make is to humor the whims and notions of the patient which are in the least injurious to him, or a departure from sound principles, whether of hygiene, or of medicine. "Thou shalt," and "thou shalt not," with a good reason, if necessary, or giving none at all, as may be best, will conquer a firmer place in the regard of patients than any weak complaisance which puts the physician's knowledge and authority on a level with those of his patients. It needs a firm hand upon the tiller to make a good helmsman; an unswerving hand upon the rein to make a good horseman; and patients need to be guided as much as a yacht or a horse, for their own safety. A rather amusing instance of the appreciation of this occurred to me a little while ago, and which is so much to the point, that I will quote it. One of my patients was seriously ill

at a distance, and I was obliged at last to visit her. Her treatment required an immediate change, as well as some firm directions for the sick room. All was arranged gently and quietly, when she said in a weak voice: "I am thankful to see somebody who does not say, 'I guess so.'" Such is our privilege, colleagues. Knowing our duty, to do it, and reap an immediate reward in the confidence and obedience of our patients. All may be as gentle as we please. The "*suaviter in modo*" is good. Let it be as soft as the mother's firm "No," to her child, but let there be also the "*fortiter in re*" as strong as strength of principle and conviction can make it. We owe this to our patients, whether they know it or not. It belongs to them, whether they wish it or not. When you lie down in peace to sleep upon the steamer for Europe, you know that some one owes you guidance through the night; and your safety lies in the fact that nothing you can do or say will cause the compass to move a single hair to the right or left, but that all will be done that lies in human wisdom and power to bring you to your desired haven. This our patients have a right to demand of us, and we a duty to enforce it upon them.

We have also a duty to *instruct* our patients, and a lofty professional aim gives us also the authority to do it. This office is intimately connected with the former one just dwelt upon. I would rather have a hundred patients who are well instructed in the principles of our school, as well as in its diet and regimen, and therefore who intelligently believe in it, than a thousand who come and go, as caprice leads them from one physician to another, and one school to another. It has never been my ambition to create a personal following as such, by any subsidiary motives whatever, but rather a body of intelligent and true believers in the Homœopathy of Hahnemann, and who will be, therefore, just as true to any other representative of it as they will to me and thus sustain the school and widen its influence. Spend a little more time with your patients, if necessary, and impress your principles and convictions upon them, that they may at least see that you have some.

Again the professional position which I am advocating,

both obliges us and enables us to take a dignified stand as to our remuneration. Right here is, I think, a weak and sensitive spot, and I purpose to press upon it firmly. It may be more intimately connected with our standing in the community than we think. If the laborer is not "worthy of his hire," what is he worth? The people will answer the question. If the doctor thinks his services of little value, or less, perhaps, than those of his neighbors, the people will think so too, and will value him upon the same scale. Any discount made upon a just bill, when the debtor is fully able to pay, or any concession in fees, except for "sweat charity," puts a lower value upon your time and your acquirements, and makes them less valuable and less sought for by the very persons who would thus belittle them, and degrades the profession at once to a commercial and competitive business. This rule is as good for the younger members of the profession as for the older ones, though it may be more difficult for them to enforce. Of course I am not counseling exhorbitant charges. The fee bill of any locality represents the consensus of the profession as to what constitutes a fair remuneration in accordance with the expense and scale of living in that place. Should any of your neighbors positively disregard it, and be often quoted to you as a reason for your doing the same, you have only to say that he best knows the value of his own services, and the point will not be lost, for it was probably visible before. A firm insistance upon this point will not create the impression that the value of our services is wholly measurable by money. This only measures, in some degree, the value of our time. The gentleness, patience, faithfulness, interest and sympathy have still to be paid for with love and good will.

But if we are to take this lofty stand, and *direct, instruct* and *enforce our value*, what manner of persons must we be?

Well, first of all, we must *know*. It is not, indeed, within the power of any man to hold within his grasp the whole realm of knowledge—anatomical, physiological, hygienic, chemical, surgical, obetetrical, therapeutic, and all the auxilliary branches, nor to know all that is being done in all

those branches in the way of progress and discovery. The task does, indeed, look immense, but there is a way of getting over it in a practical manner. "Where there is a will there is a way," you know. A good *general* knowledge of all those topics, must, of course, exist as the foundation. The rest of the secret consists in the constant consulting of the best and most recent text-books as occasions occur, with as much general reading of them and the journals as time and strength will permit. Some one has said that knowledge does not so much consist in perfectly knowing things, as in knowing where to look for the knowledge when you want it. Any lawyer will give an opinion upon a question of common law, with a little reflection, but not upon statute law, without consulting the "Revised." We need not be ashamed to occupy the same position. With a sufficient stock of knowledge to meet any emergency, we may be at liberty to refresh the memory upon the most important points at any time. And the progressive man and true student will always do this; thus refreshing his mind with contact with other vigorous minds, and increasing at the same time his permanent stock of wisdom. His own experience thus becomes the more valuable as it is compared with other experiences. Authors often have to consult their own works for the same purposes that we do.

But all this cannot be done without books. And, right here, I want to say that I believe good books and live journals to be the best investment the physician can make from any point of view. How, especially, is the Homœopathic physician to select the similar remedy unless his library contains all the available materia medicas and the best repertories of the same? Books furnish the very life blood of the physician. How often have I been saddened and disheartened by finding among physicians a library that did not cost half as much as the kit of tools of a good carpenter, nor nearly as modern. The carpenter is wiser in his generation than they. We think nothing of several hundreds of dollars for an outfit for driving, while we hesitate at half the sum for medical literature. It is better, in

the long run, to go on foot with a full brain, than in a carriage and pair with an empty one.

We must read then, but, we must *observe.* Some men will learn more from one case than others will from a dozen. All the arts and sciences are progressing, chiefly by *observation.* The anatomist, the botanist, the etymologist, the geologist, and all the other "ists," are just observing, comparing, watching all the time, taking nothing for granted, but piling up solid facts. Who will do that for us? Not alone a few bright men here and there; we must all do it, and do it accurately and without prejudice or preconceived ideas of how things *ought* to be. The inductive philosophy must be our only guide, and our task to find out how things *are.*

Then, we must *record* our observations. Memory is not trustworthy about those things. No great science was ever advanced by a report of observations from memory. I know that we are busy and tired, but it does not take any longer to make a few good notes upon a case than it does to chat about the weather, politics, or the races. With chronic cases, this is especially valuable and also indispensable. If we *observe* well, we shall *record* well; keeping those points that are most valuable rather than those that are less so. If we do all this, we may remark in passing that we shall not only be doing the best we can for our patients, but if we bring our knowledge into meetings like this, and into journals, we shall be adding to the common stock, and conferring a permanent benefit upon the world. And then, finally, we will *prescribe with care.* We will make as few hasty and imperfect selections as possible. Of course, some of these are unavoidable. People send for "more medicine," or for "medicine for the baby," or for some "medicine for a cold," or something for the "colic," and we have to do the best we can to evolve a known quantity from an unknown one; but generally it will be our own fault if we do not obtain the "totality of the symptoms," and faithfully select the similar remedy.

See how the carpenter, the mechanic, works; all is true, fitted and finished. We watch him and see that the joints

are good, or his bearings right, and we say he is a good workman. I heartily respect the man and his work; but should not ours be as good? We have a law as true and broad as any law in physics, and we can do our best every time to work up to it according to the present state of our knowledge. If our ideal of the profession is what I have pointed out, we will try to make our work like that, and shall not feel satisfied when we fall short of it. When we make hasty prescriptions, and do not know what we gave last, nor all the symptoms of the patient, or the fitness of the remedy, we are not as good workmen as our brother, the mechanic, and not deserving of as much credit as he. These are homely truths, but I think they are wholesome.

Whoever goes with me thus far, I will cordially give him the right hand of fellowship, if I, too, am worthy to do so; but now I want to take him with me a little farther, to the serenest mountain top of all—that of *pure* Homœopathy. I would like to assume that we are all there already, but as the climbing is hard, and the way often rugged, some may not have reached it. The conscientious prescribing, according to the law of *similia similibus curantur*, is no holiday work, but is one that tries the industry, patience, and earnestness of purpose of the most stout-hearted and faithful. Allopathic practice is mere boy's play, as far as prescribing is concerned. A narcotic, a febrifuge, an astringent, a stimulant, a tonic, or an antiseptic, according to the whim of the doctor, the request of the patient, or prevailing fashion in medicine—and all is done. But, to faithfully elucidate the symptoms according to the method laid down by Hahnemann, to recognize those which are characteristic, and on those to make the final selection, requires thought and labor. We cannot shut our eyes to the fact that for this and other reasons, a real danger threatens our school, and that is no less than a complete departure from the law of cure. The question is not at all one of potencies, or dilutions, high or low, but of one no less vital than the practical abandonment of the *law itself*. This comes chiefly from the fact that *two great errors* persistently haunt our minds, both yours and mine, and when we think

we have put them entirely aside, they will still come back again like clouds after the sun, and darken our way.

These errors are: First, that there exist somewhere, somehow, *specifics for diseases;* and, second, that there exists some relation between the *quantity of the drug* and the *cure of the disease.* The latter grows out of the former, but both nullify the law. If they were true, we should only need to have one medicine for each disease, by name, and to learn the exact amount to antidote each disease, and and the practice of medicine would become very easy. Our chief difficulty would then be found in the diagnosis; but it would do no great harm if we did antidote a measles when we ought to have antidoted a bronchitis, or a scarlatina when it should have been a tonsilitis.

But let us study the first error more fully, as this is the most fundamental of all.

There are two ways of studying nature or acquiring truth. One is the philosophy of Aristotle, "old and always false,"—the *deductive,* or thinking out a theory, and then finding facts to fit it; guessing and presuming how things *ought* to be, then gathering a few facts that do or seem to prove that they *are* so. This philosophy has brought most of the errors into all the sciences, and all branches of human knowledge. It prejudices the mind at the outset with a bias toward one set of ideas, then makes all observations partial and partisan, as well as incomplete and superficial. It *assumed* that Scripture and observation taught that the sun revolved around the earth, and the whole expanse of the heavens had to bend into a crystal sphere to fit the theory. It is *assumed* countless theories in all the sciences, and especially in medicine, which are all now wrecks upon the hard rocks of *fact.* It now *assumes* the doctrine of specifics in medicine,—mercury for syphilis, quinine for ague, and a few others, although the list of even apparent specifics is very small. Nevertheless, the search goes on for this "will-o'-the-wisp." Our journals are full of the exclammation, "I have found it!" "I have found it!" All this comes from this delusive deductive philosophy which leads us to assume that diseases are specific

entities, or *things;* and that there ought to be specific antidotes or destroyers of these *things;* and that therefore these assumptions are true, as a few carelessly observed facts might seem to indicate.

The other philosophy is that of Bacon, the *inductive.* This inquires always and only how things *are.* It seeks only for *fact;* and when those are abundantly obtained, proceeds to deduce the laws which they indicate. You remember the story of the German, the Frenchman and the Englishman, who were to produce a competitive description of the giraffe. The German sought diligently through all the libraries; the Frenchman shut himself up with his coffee and absinthe, and proceeded to evolve the giraffe from his inner consciousness; the Englishman went to Africa to study him in his native wilds. The Frenchman represents the *de*ductive, the Englishman the *in*ductive philosophy.

Now what has the latter taught us concerning disease? Why, that it is a state of wrong action in the individual, a perversion of the natural life force into changed and unnatural manifestations; and that these changes, though capable of classification as to their general features, will present endless diversities in their individual instances. It has taught by pure experiment that these individual instances of perverted action are to be restored again to natural action by the administration of substances which possess the power of producing exactly similar disturbances in the healthy body. And, further, pure experiment has taught that our only grasp upon disease is upon the symptoms of the sufferer; and that only those medicines will restore health which will meet those symptoms by a likeness in their totality; and that the more complete and perfect the likeness of the drug to those—not of the general disease as classified, but to those of the individual sufferer—the more rapid, safe and pleasant the cure. Theoretical and pathological similarity will not do. Assumed nature of the interior causes will not do. It must be *individual likeness.* We are all brothers in Adam; but I cannot wear your hat, or sit for your photograph, any more

than I can cure all pneumonias with Phosphorus, or all typhoid fevers with Rhus. This is the law. We know not the why or the how, but experiment all the time proves it to be true. It is the *nature of things*, and we cannot fight against it. We must come into harmony with things as they are. Sit down with an intelligent worker in metals, and he will tell you just what he can do with steel, iron, copper, lead, tin; what methods of working he must follow; to what uses they are fitted. All this he knows from pure experiment, and he never thinks of trying to do with them what their nature and properties forbid. But that is what we try to do when we try to cure disease by any other method, or upon any other theory or conception than the law of the *individual similarity.* Why not sit humbly at the feet of nature and learn her methods and laws, and work in accordance with them?

Bruno says: "*Si le medecin est le ministre de la Nature, il est le roi des malades.*" "When the art of medicine is the minister of nature it is the king of disease." Have you some sacred place where you guard some precious jewels with a lock of beautiful and intricate construction? Have you lost the key? And do you go to the locksmith and say, I have a lock and want a key? Do not keys open locks? Ah, yes; but you must have *the* key for *the* lock—the *only* key. I have a case of diphtheria. One case in the family was seen almost too late for the curative remedy which was Kali bichromicum. Another, neglected and overlooked, was really too late for any response to the chosen remedy. But this one has only just been taken, severely, indeed, and promising to be malignant like the others. The fauces are brownish red; the patches are beginning *on the right and extending to the left;* the throat is sore, dry *and worse after sleep. The pain and soreness are much worse from swallowing warm or hot drinks.* How many keys will fit this lock? Only *one.* And that will fit every lock just like this, and no other. The key is Lycopodium. The wards fall back at its magic touch, and the precious jewel of health is brought into the sunlight. None of the mercurial keys could fit that lock. Lachesis is bent

just the other way for the most part, and will not even enter the key-hole. Should not we be as good workmen as the locksmith?

Now see the *de*ductive philosophy work at this problem. At the International Congress at Basle, Dr. Bojanus reported upon the state of Homœopathy in Russia. He gives a detailed account of the attempt of Dr. Dittmann, of St. Petersburg, "to show the superiority of the Homœopathic treatment of diphtheria," which was then raging. Dr. D. first recommended Mercurius cyanatus 30th, as an infallible remedy against this terrible disease; and he entreated the Emperor to let him have a hospital where he could put this method in practice, and thus test Homœopathy. Now, you see what he assumes. That this "terrible disease" has an antidote; and that this antidote is in his hands, and is an "infallible remedy." He ignores the law and assumes that one key will fit all the locks; and yet you would call him a high-potency man too. He uses Hahnemann's thirtieth; but how does that make the *remedy similar* to the individual case? He might give grains of the crude or the hundred-thousandth, and it would not make the remedy *similar* to every case of diphtheria, or perhaps to any case that came into his hands. All the cases which, unaided, Nature could not cure would die, and this would be called a trial of Homœopathy, because a remedy was used in the thirtieth potency which has caused a sickness similar to *some* cases of diphtheria. It is not Homœopathy at all.

I took this case as an example, just because my eyes happened to alight upon it. But the journals of our school are full of just such statements and claims, just as the allopathic journals are, and based upon exactly the same false reasoning. The old school has been on a wild goose chase after specifics for two thousand years. What encourages them to this search? Why, occasionally one happens to give a new medicine in a case to which it is homœopathic, and cures it. The case is published, and straightway all cases of like name get the same medicine. Dr. Fox, of New York, writes a lengthy article, complaining of his school, because every case of chronic skin disease which comes to

him has had Arsenic, and all because somebody cured a case of a certain form of skin disease in London, twenty years ago, with Arsenic. They are still voting for Jackson. Dr. Perry, of Boston, happened to cure a case of angina faucium, many years ago, in a fat, flabby woman, with a gargle of cayenne pepper. He immediately reported it in the city society, and hence came the epidemic of Capsicum gargle for all kinds of sore throats which reigned in New England for years. Of course, the few cases to which it was homœopathic were cured, and that kept up the use of it.

Oh, my friends, why can we not apply the commonest facts of our daily life to show us *individuality, individuality,* everywhere, and equally in the sick and their remedies? What other touch, however human and loving, can replace that of the vanished hand? What voice however sweet, can thrill like that one which you shall hear no more? What friend can replace any living friend, even though they be twin brothers? The microscope is an optical instrument; can it replace the telescope? The laws of light forbid. The brunette does not wear the same colors as the blonde. The laws of color and artistic taste do not allow it. The organist must give us harmony according to the beautiful laws of sound. Is our law any less imperative or less beautiful than the other laws of nature? We find perfect fitness and adaptedness in them all; and only as we follow strictly the law of cure can we reach our ideal of success.

But one moment for the other error, which supposes that the *quantity* of the drug, instead of the *quality,* has something to do with the cure. Do you remember the first explosion of Hell Gate? After years of labor in excavating, drilling, and placing the explosives, fuses and wires, at the appointed time, General Newton's little daughter, seven years old, pressed her tiny finger gently upon a little button. The electricity flashed along the wires; the terrible dynamite burst into flame and power, and the work was done. Did that little girl's finger do the work? or was it done any better, when ten years later, the little girl, now

grown to a young woman, again touched the key with the same magic results? See the organist before the mighty organ, with its pneumatic action, and its great lungs driven by steam or water. His delicate and skillful touch brings forth volumes of harmony and tone that fill the whole great building. Now we see at once in these cases, that the visible agent only sets free other mighty forces by a slight exercise of power.

It is just the same in the care of the sick. The only fit and suitable remedy touches the secret springs which it alone can reach, and the vital force, set free from whatever has enthralled it, springs up in power and beauty to restore health and harmony to the organism.

How much of the remedy is needed? If it fits, only very, very little; how little, sometimes, we do not yet know. If it does *not* fit, no amount is great enough to press the secret button.

Now, my colleagues, we get something of a glimpse of our task. Let us grasp these principles firmly in our deepest consciousness; and although it means *work, work, work*, yet our enthusiasm over the daily results will not let our zeal flag. I can give you my personal assurance of that.

Gladly would I say more upon this congenial theme, but I am afraid I already remind you of that good old lady who had always lived among the hills of New Hampshire, and skrimped and pinched for her scanty living. At last she took a little journey to the sea-shore, and when from a little eminence she finally looked out upon the broad expanse of the Atlantic, lifting up her hands she exclaimed: "Well! I am thankful, at last, to see something there is enough of."

WHAT HOMŒOPATHY IS NOT.

D. C. McLAREN, M. D., Brantford, Ont.

So much of allopathic and eclectic procedure has of late come to be grafted on Homœopathy that a clearing away of these barnacles which hinder the good ship's progress, seems a matter of urgent necessity.

To make a beginning, let us consider that huge mistake —alternation. Originally born of ignorance, it has been wet-nursed by indolence and finally pampered into large and dangerous proportions by weak human pride and folly. That it is both generically and in every individual case the result of ignorance, would seem not to require demonstration to educated and thoughtful men. Such a demonstration is, however, logical, mathematical and entirely incontrovertible. It was definitely enunciated some 2000 years ago by Euclid in the axiom, that no more than one straight line can ever be drawn between two points. That is to say, in all human affairs there is but one right and true way of doing anything, while the wrong ways are both numerous and broad, so that "many go in thereat." It may be safely held as a truism that whatever is wrong is harmful; so we have the spectacle of professed healers actually doing harm to those under their treatment.

But not alone in the comparatively harmless way of alternation does the weak but well-meaning brother offend against the flag under which he sails. As one sin leads to another in the moral sphere, just as surely and often more swiftly does the folly of alternation, involving as it does the neglect of, or interference with, the true curative, lead to thickening dilemmas from which rash and absurd allopathic measures seem to be the only escape.

In the foregoing paragraph I have used the expression "well-meaning." Let me state here that I consider the fraternity of Homœopaths, as a body, most honest, well intentioned, and truly philanthropic, not faultless indeed, for none are that, but in the main adhering to principle with what light they have and only straying by reason of defective education which, it is the office of this and kindred Institutes and good journals to rectify.

Considerable bad practice results from Homœopaths viewing diseases and their causes through the spectacles of old school pathology. This is so great a source of error, and one into which the oldest and keenest minds are at times liable to fall, that full discussion of the matter will undoubtedly be of benefit. The dominant school teaches

that diseases are produced from without by material agencies acting on the human system—this, however crudely stated, is the starting point of their pathology. Now, *per contra*, Homœopathy teaches that, with the rare exceptions of some surgical conditions and foreign or poisonous substances getting into the alimentary canal, all diseases are primarily dynamic; that is to say, they either arise wholly within the system as some variation or deflection of the vital force, or else they arise from the effect of some immaterial influence or miasm, which acting dynamically from without disturbs the equilibrium of the vital force. Instances of the latter are the often serious illnesses produced by unmerited insult, by fright, and even by sudden joy. It may be objected that the discovery of microbes, bacilli and spirillæ militate against the Hahnemannian doctrine, but while it might be urged that so long as the dominant school is divided even as to the amount of credence to be given to these discoveries, let alone deductions therefrom, Homœopaths need not be disturbed thereby: it is so easy to demolish any possible objections on that score, that the question were as well faced now for the sake of treatment involved. Admit the material germ theory and we are forced to adopt the use of so-called germicides, and resolving and evacuating drugs for the purpose of purifying the blood and improving the secretions.

But, candidly, what relation do the microbes hold to cholera, or the micrococi to diphtheria? It is inconceivable that they are anything but the product of disease, not its cause. Such diseases are never cured on the opposite theory of expulsion of these abnormal substances and impurities, any more than a common cold can be cured or even shortened by the most frequent and perfect blowing of the nose. The unquestionably better results of our theory and practice are strikingly shown in every epidemic of diphtheria and typhoid in this country, and the several epidemics of cholera in the old world. It must be sufficiently obvious that the diseases of mankind caused by external morbid noxiousness are originally simple dynamic changes of the life-character of the organism.

The logical steps leading up to the dynamic theory of disease are as follows: Firstly, life is in *no respect* controlled by the physical laws which govern inorganic substances, *e. g.*, the vitality of a plant keeps its leaves green and fresh, but express the green juice, expose it to the sunlight, and it will quickly fade; fresh foaming beer is soon changed at blood heat into vinegar, but in the human stomach the same degree of heat will check the fermentation, render it harmless and even nutritive.

Non-recognition of this important truth leads the old school to expect exactly the same chemical and mechanical results within the system as without, hence they continually combat acidity of the stomach and of the secretions by the administration of alkalies, ignorant of the simple fact well known to Homœopaths that so decided an antiacid as carbonate of lime, when administered by ingestion, produces sour sweats with marked frequency and regularity. Hence life can never be demonstrated by comparison with anything in this world but itself. The material substances composing the human organism are not governed in their living composition by the same laws to which inorganic substances are subject, but follow simply the laws peculiar to their vitality, and this suspends the else all pervading forces of fermentation and decomposition and so maintains a state of health.

It follows, therefore, that the forces which control inorganic matter, since they have no share in the maintenance of health, cannot be regarded as factors in the production of sickness. That is to say, as a general rule, a dynamic change of vitality is the prime factor in every case of disease.

This logical conclusion becomes the premise for the question of treatment. If a sickness can be proved to be of chemical origin, let the treatment be chemical. But it has been shown that no disease can have any origin other than dynamic; therefore treatment to be true, logical and successful must also be dynamic.

Hence Homœopathy is not materialistic, either in pathology or treatment; this is not, as a rule, disputed even by

those who act differently in the matter of internal treatment, but there is a widespread belief that in regard to external applications and topical medication, this rule does not hold good, or that it may be safely disregarded. The question arises at once, do sick-making drugs act on the human system mechanically or chemically, or in any other way than dynamically? The same reasoning as above, proves that they must act dynamically, and in that way only. So in the matter of external applications, the bugbear of possible capillary absorption steps down and out, the dynamics of the remedy evidently affecting the vital force in a manner peculiarly its own. Witness the experiments by old school physicians at Grenoble, France, in 1885, when several patients were visibly and distinctly affected by drugs in sealed bottles, held at a distance from the subject. What but the dynamics—the hidden force—of the drug could have produced such distinct and marked results?

Local applications, both in surgical and non-surgical cases, should, therefore, when used at all, be as distinctly homœopathic, that is, similar to the disease as the internal remedy. Arnica and Calendula dressings are in very general use among Homœopaths for bruising, contrusions and lacerations of the flesh. But how many of us apply a dressing of Hamamelis for ordinary burns, or Cantharis when blisters are forming, and such other remedies as Kreosote and Urtica urens? How many know the virtues of soap, both externally and internally, for those deep ulcers caused by severe burns? In these cases and in the non-surgical sores and ulcers, where there is much more necessity for medicinal dressings than in purely surgical lesions, the perfection of our art as well as the greatest comfort and speediest cure to the pationt demand that locally as well as internally, the treatment should be strictly homœopathic. All other treatment, antiseptic dressings, lead ointments, applications of iodine and mercurials are distinctly non-homœopathic and as such should be avoided by us.

It is conceded by all Homœopaths, even by those who resort to such methods, that the treatment of disease

according to the indication *contraria* is distinctly non-homœopathic. Under this head we place the use of opium and morphine to subdue pain, tonics and stimulants to build up the debilitated and purgatives to overcome constipation. These common instances do not need to be pointed out, for all recognize them as un-homœopathic; but what of the administration of frequent doses of Aconite tincture, or. even the 1x, in catarrhal fevers? Whatever the result sought, the effect is primarilly that of benumbing by capillary contraction, and secondarily an increase of fever and possibly a subsequent sweat. And yet that sort of practice is so common and so many of our men have an itching finger for the Aconite bottle, that it is extremely difficult to convince people that it is at least very questionable Homœopathy.

Another contrary mode of treatment associated in the public mind with Homœopathy, is that by electricity and galvanism. By these means chronic debility and partial paralysis are for a time overcome and the muscles stimulated, only to be followed by a greater degree of weakness or paralysis—even a fatal result having been brought about in one such case known to the writer. Nervous troubles are without doubt often quelled by the use of electricity, only to return in a more aggravated form, or if the treatment have been continued long enough, the entire disappearance of the primary malady is sure to be followed sooner or later by a more incurable and deeper seated disease. These electric forces in the crude form have precisely the same mode of action as the anodynes and stimulants of the old school.

In conclusion, all routine prescribing, all prejudice in favor of one remedy over another, all hap-hazard work, can at best only be regarded as a carricature of Homœopathy —not the genuine article.

ARUM TRIPHYLLUM.—Child has headache, puts hand on back of head and cries; a raw spot appears on the lip, corners of mouth, or on nose, emitting one drop of blood. The urine is scanty. This raw spot may occur on the hand, when the child bores and digs at it. C. Hg.

MATERIA MEDICA.

NOTES ON PICRIC ACID.

PROF. E. A. FARRINGTON, M. D.

No newly introduced medicine claims more deserved attention than Picric acid. The drug causes first congestions, soon followed by weariness and mental inactivity which denote an intense action on the vital powers. This weariness progresses from a slight fatigue on motion to paralysis, and is accompanied with indifference, want of will power to do anything and a desire to lie down and rest. Animals poisoned with the acid suffered from paralysis of the hind legs, impeded, slow breathing, great muscular weakness, etc. Post mortems discovered the cortex cerebri, cerebellum, medulla and spine a soft pulpy mass; the blood was fluid, dark brown, and greasy with shining particles, the latter, too, from disorganized red blood corpuscles; the urine was rich in phosphates and uric acid, poor in sulphates and urates; albumen and glucose were also found in the urine; the liver was full of fat granules, and its borders dark with stagnant blood. This, and the yellow skin, show a probable action on the liver.

Compare Phosphorus, Argentum nit., Arsenic. Phosphorus also resembles Picric acid in causing fatty changes in the blood, kidneys, and also in softening of the brain and spine. The sexual symptoms are similar; both, too, may be useful in brain fag from study, over mental exertion, etc. Both have hot head, tingling, formication, numbness, weak back and legs, burning in spine and trembling, congestive vertigo, great general nerve weakness even with organic changes in the nerve centers, especially with softening of the spine, jerking of muscles with backache, darting pains here and there.

Phosphorus causes more irritable weakness, oversensitive to external impressions; hence the senses are often acute, or if failing, photopsies are present, loud noises in the ears, sensitive to odors, to electric changes, etc.

tion. Jones, quoting Dunham, remarks that Silicea is useful when patient dreads exertion, mental or physical, but warmed up to it when started. In spinal troubles there is the well know constipation; legs feel as if they had lost their power; numbness of fingers and toes, limbs go to sleep easily.

Zinc causes nervous exhaustion; its backache is worse at last dorsal vertebra and is worse sitting; burning along spine; formication in calves; weak limbs; weak back and limbs with goneness when hungry, especially at 11 A. M.; all nervous symptoms worse from wine.

Of the remedies causing violent erections compare Cantharis, said to be an inconstant symptom, Phosphorus, Capsicum, Agaricus, Pulsatilla, Mygale, Platinum, Opium, Hyoscyamus, Stramonium, Ambra gris., Zinc, Physostigma, Piper methys., Petroleum, Selenium, which has priapism without curvature of the penis. This with Cantharis, Capsicum, Cannabis ind., Mygale and Pulsatilla are excellent in erections with gonorrhœa, though Cantharis, Mygale and Pulsatilla may be used in cases of cerebral or spinal affections.

Silicea, has priapism with spinal affections.

Oxalic acid, erections with dullness in occiput.

Œnanthe crocata, semi-priapism as in epileptics.

Nux vomica, Cicuta, Staphisagria, Thuja, Graphites, Fluoric acid, Lachesis, Kali carb., many erections with spasmodic constriction of the cord.

Moschus, a small retracted penis in an octogenarian suddenly attains its former size; an impotent man becomes natural, excited desires, etc.

Natrum carb., a kind of priapism toward morning, emission and no desire.

Natrum mur., Magnesia mur., erections and burning in penis.

Rhus tox., erections even with spinal diseases; Sulphur, etc.

Of these the following may be studied in spinal affections: Phosphorus, Silicea, Rhus tox., Oxalic acid, Staphisagria, Lachesis, Moschus, Natrum carb., Kali carb., Na-

trum mur., Nux vomica, Pulsatilla, Mygale, Agaricus, Platinum, Physostigma, and Zinc.

In old people, Fluor acid, Ambra, with numbness.

With sexual excesses, Phosphorus, Nux vomica, Staphisagria, Kali carb., Agaricus, and Zinc.

With lasciviousness, Phosphorus, Cantharis, Lachesis, Platinum, Stramonium, Hyoscyamus, Nux vomica, Thuja, Natrum carb., and Piper methys.

When nervous, better when occupying the mind, etc., Sulphur, Staphisagria, Moschus.

HEAD.—Vertigo; congestive, with headache and nausea, worse stooping, rising, walking or going up stairs; headache, dull, bursting, full, heavy, sharp pains, throbbing; worse studying, stooping or moving eyes, any motion; better in open air, from rest or binding head up tightly.

EYES.—Sight dim, blurred from mucus; pupils dilated, sparks before the eyes; inflamed, dry, burning, smarting with feeling of sticks in eyes, worse working; lids heavy, thick matter in canthi, worse from lamplight.

EARS.—Burn, are puffy; crawling as from worms.

NOSE.—Epistaxis with heat and congestion of head; nose full of mucus, can breathe only with mouth open, better in open air.

MOUTH.—Saliva frothy, stringy; taste sour, bitter.

THROAT.—Rough, scraped, better from eating; hot, red; sore on empty deglutition, worse after sleep; thick, white mucus on tonsils; on swallowing throat feels as if split; sensation of a plug when swallowing saliva.

STOMACH.—Thirst; appetite increased or diminished; eructations sour, with frontal headache; bitter water brash; nausea, 5 A. M.; death-like, faint, worse rising and moving around, with vertigo, with headache; stomach pressure, weight, wants to belch but seemingly powerless to do so.

STOOL.—Destroys epithelium of intestines.

Diarrhœa thin, yellow, oily, with straining, with burning; smarting at anus and prostration.

Urging to stool unsuccessful.

KIDNEYS.—Cortex congested; urine contains sugar; Sp.

gr. 1030; is albuminous, dark-red; excess of uric acid and phosphates, diminution of sulphates and urates.

SKIN.—Yellow, also eyes, also urine. Papules on face becoming small furuncles.

LIMBS.—Feet cold, chilly, cannot get warm, followed by clammy sweat.

GENERAL SYMPTOMS.—Chilliness predominates. Heat in head and spine; throbbing, jerking of the muscles with severe chills; and great pains between the hips; dull, heavy, dragging, darting pain here and there into bones.

SULPHURIC ACID—A CLINICAL STUDY.*

CLARENCE WILLARD BUTLER, M. D., Montclair, N. J.

In the study of any drug, either in its pathogenetic or its clinical records, we find certain symptoms, conditions or modalities which are marked and peculiar, and some one or more of which will usually be present in the diseased conditions in which this agent will prove curative.

These symptoms while seemingly trivial and often absolutely without significance to the etiologist or the pathological anatomist (at least in the present state of our medical knowledge) are in the highest degree important to the therapeutist, since they are the determining traits, the special characteristics which serve to distinguish the individual from others of its *genus*.

It is well, therefore, that before we proceed to a study of special diseases or of the diseases of special organs, that we should give our attention to these general characteristics of Sulphuric acid.

As the first general characteristic then that I shall mention, the Sulphuric acid patient is weak and exhausted. This is not only a sense of weakness but a condition of actual weakness. Either the disease is one where such weakness is an integral factor, or the sense of exhaustion is out of proportion to the pathological condition present or both conditions may obtain,—an exhausting disease with

* Hahnemannian Association, June, 1887.

disproportionate weakness. A weakness which seems to depend upon some deep seated dyscrasia as Dr. H. N. Guernsey puts it.

Again, we find in the Sulphuric acid patient a sensation of general tremulousness. A sensation of trembling all over without actual trembling. This sensation of trembling without actual trembling has been promptly relieved by Gelsemium, but with the Gelsemium patient the sense of weakness is greater than the actual weakness, which is not true of Sulphuric acid. Theridion has this symptom recorded in its provings, but I am not aware that it has received clinical confirmation.

Sulphuric acid has a characteristic kind of pain. It is a pain which commences moderately, increases gradually to a certain height and then suddenly ceases.

This will call to your minds at once the suddenly appearing and as suddenly disappearing pains of Belladonna —the gradually increasing and gradually decreasing pains of Stannum, etc. (I have several times observed where Colocynthis was the curative remedy in neuralgias of the abdomen, that the pains commenced suddenly and severely and gradually disappeared. In one case I relieved promptly with a single dosé of Colocynthis cm., a severe toothache starting in a carious molar of the lower jaw on the right side, and extending to the remaining teeth on that side of the jaw, being led to my choice of Colocynthis by this suddenly appearing and gradually disappearing pain.)

The Sulphuric acid patient is always in a hurry. He can not do things fast enough, and is impatient or even angry because things move so slowly.

There is in Sulphuric acid an intolerance of water which, although it is usually noticed in gastric troubles, is sufficiently peculiar, so that I mention it among the general characteristics. It is this: Water can not be tolerated because it chills the stomach, unless some alcoholic spirits are added to it, when it is borne without discomfort. Sometimes the water is vomited unless it is thus mixed with an alcoholic liquor, but this does not always occur.

MIND.—In mental or brain diseases Sulphuric acid de-

serves no special mention. The general mental condition of the patient is one of taciturnity with irritability and previshness when things don't go to suit him; or even this may be intensified to violent anger when he is crossed, especially in his every day avocations, when things go too slowly. For instance; a drunken groom, though usually kind to his horses and fond of them, when in the dyspeptic condition would become violently angry and kick and beat them if they did not move about just to suit him, which I have repeatedly relieved with Sulphuric acid.

HEAD.—The vertigo of Sulphuric acid is as if things were moving about him in a circle; it is worse while sitting and relieved while lying down and in the open air. With other conditions there may be dullness or heaviness, or stitches here and there through the head. The scalp is sensitive to the touch, with suppurative pains in it. Gross noticed in his proving a severe, pressive right-sided headache with the characteristic gradual increase and sudden disappearance. Guided by this peculiarity, many headaches have been cured with this drug. (*Vide* Raue's Record, 1873 page 99.) This is the only head symptom of especial prominence.

EYES.—Dr. Berridge, of London, has cured the following symptom: Feeling as of a lump in the outer canthus of the right eye; on closing the eye it seemed to move to the inner canthus and upon opening it to return. (Raue's Record, 1875 page 40.) This is very nearly like symptom 106, as recorded in Allen's Encyclopedia of Pure Materia Medica.

FACE.—The face of the Sulphuric acid patient is pale, puffy, with sunken eyes (perhaps watery) and a general expression of despondency with irritability. In severe cases it may be bluish or livid with the expressions of pain and suffering; while in extreme condition it has the true Hippocratic countenance.

MOUTH.—The teeth of your chronic patient will lose their polish and become white and brittle. In toothache this remedy has proven a valuable agent. The great characteristic is the gradually increasing and suddenly ceasing

pain. (For brilliant cures *vide* N. A. J. Hom., vol. XIX, p. 417.) Additional indications will be the location which is usually in the lower jaw; the aggravations from biting on any hard substance and from cold; and the relief from warmth. It may be confined to a single tooth but usually effects several at once. Sulphuric acid is a frequently needed remedy in all forms of stomatitis ulcerosa, especially in the apthæ of children suffering from exhausting diseases, and in the same trouble occuring in the latter stages of long continued illnesses. As special indications I will give: The condition of general weakness; the extent of the apthous patches which invade the whole buccal cavity; their *white* or yellowish appearance; the intense burning pain in them which is aggravated by cold water and relieved by dilute alcoholic spirits. There is ptyalism of stringy, ropy mucus, an exceedingly foul breath and a dry mouth.

In a severe form of thrush it is indispensable. The above indications will sufficiently point to the use of the remedy in this disease.

Mercurius and Borax while similar in some degree to Sulphuric acid in these troubles, lack the profound weakness of the latter drug, and Arsenicum which resembles it even more closely, has, with its exhaustion, a restlessness which the Sulphuric acid has not, and will be further distinguished by the conditions of aggravation and amelioration. The stringy, ropy mucus and the dry mouth remind us of Kali bich., but your Kali bich. patient loves water and is relieved by it.

THROAT.—Considering how many and severe symptoms are produced by this drug in the mouth and œsophagus, it is rather surprising to find how few are recorded as produced in the pharynx, and I should expect to find its sphere of usefulness in throat diseases very limited with the indications for its use furnished principally by concomitant symptoms. A few symptoms may be mentioned which, other things being equal, may call for its use in such diseases.

Uvula and root of the palate œdematous, "pharynx

dark red," "constriction of the pharynx," "burning in the pharynx." McNeil in his admirable work on diphtheria, recommends it for this disease giving the following symptoms as indications. "Excessive salivation; *fetor oris;* difficulty of swallowing; liquids return through the nose; ulcerations of the throat with large exudations, grayish or yellowish, sticky and tenacious, accompanied with *great weakness* and a *sensation of trembling all over without actual trembling.*" Clinical experience with it seems to be lacking, however.

STOMACH.—The provings show severe dysphagia as a prominent symptom of Sulphuric acid,—and there are many pains on swallowing, the most of which would seem to depend upon œsophagitis. In this uncommon disease it should prove a remedy of great value, for it produces symptoms upon every part of the œsophagus and varying in degree from sensitiveness and soreness to the most excruciating burning. Persons poisoned by the pure acid have thrown off casts of various portions of this tube, even to and including portions of the mucus membrane of the stomach itself. The general characteristics of the drug will point to its use, especially the sensitiveness to water, with relief from dilute alcohol and the extreme exhaustion. As special indications, we shall find burning pains extending from the throat to the stomach with severe *pain from the pit of the stomach* through between the shoulder blades.

Digestion is slow with the patient needing this drug, and the patient has many symptoms of an old and "tough" dyspepsia—a gastro-intestinal catarrh.

Exceptionally we find hunger, but as a rule there is a loss of appetite. If your patient eats he has, commencing at once, a sensation as of a stone in the stomach, with severe cramping pains so that he is obliged to stop eating. He often vomits his food as soon as he takes it. Has much heart-burn with *bitter* eructations; *sour* eructations, with regurgitation of food and of bitter liquids; or liquids so sour that the teeth are set on edge. A sensation of great weakness through the abdomen which is especially severe after stool. Hiccough and many times vomiting which is

bitter or *sour*. The epigastrium is sensitive to touch and pains, severe pains, burning pains, run from there through between the shoulder blades. Much thirst, but water chills the stomach unless alcoholized. Sometimes water can not be retained by this irritated stomach unless mixed with alcoholic liquors. Now this peculiarity of the thirst, the sensitiveness of the stomach with the relief mentioned, is the great "key-note" for its use in such cases, but it need not necessarily be present and you will see amply sufficient indications among those mentioned to determine your choice without it. Of course the presence of any of the general characteristics will make the choice more certain and more easy.

With the above conditions the patient may be constipated, or have the diarrhœa peculiar to Sulphuric acid. You see these dyspepsias to which Sulphuric acid is homœopathic are old cases, where there has been an irritated stomach and bowel for a long time. Such cases are often found in hard drinkers—steady every day drinkers. Without doubt Nux vomica has often been given when Sulphuric acid was indicated, both because of the routine habit of giving Nux vomica to all cases of alcoholism, acute or chronic, and because of the similarity of many of their symptoms. Sulphuric acid is probably more often indicated than any other drug in the gastric troubles of chronic alcoholism, and vies with Nux vomica and Gelsemium in acute cases—*i. e.*, the physical disturbances produced by a debauch. It may not be unprofitable here to compare the three in such cases.

SULPHURIC ACID.	GELSEMIUM.	NUX VOMICA.
Suitable in chronic alcoholism especially old topers who drink the "hot and mighty" liquors, as brandy, gin, whiskey, etc.	Moderate drinkers who have exceeded their allowance—champagne drinkers. Fine wine and liquor drinkers.	Results of excesses, especially in young or moderate drinkers. Beer drinkers (also Sulphur) —Whiskey drinkers.
Irritable when things don't go to suit him. Taciturn.	Restless, even lively, disposition. Penitent mood.	Cross, quarrelsome disposition.
Dullness throughout the head. Stitches here and there in the head.	Heavy, dull occipital pain, relieved by pressure and by stimulants. Dull confused head.	Dull frontal headache relieved by hard pressure. Confused head.

Thirst. In the morning he wants whiskey or brandy. Can not drink water unless he adds alcoholic liquor, because it chills his stomach and he vomits it.	Moderate thirst, craves, stimulants, but wants fine liquors or wines. Wants "long drinks," e. g., champagne cocktails, gin or whiskey fizzes. Cold water is grateful.	Thirst, can usually but not always retain water. Wants a "fixed up" drink; don't know what exactly, and is not always able to retain it when he drinks it.
Tongue red, or coated whitish. Breath offensive.	Tongue coated yellow. Breath offensive.	Thick, dirty coat upon the tongue. Breath offensive.
Bowels constipated: with great pain in the rectum on defacating; or bowels loose with pasty, or watery offensive stools. Weakness in the abdomen after stool.	Bowels not markedly affected.	Bowels constipated with ineffectual urging to stool.
Hæmorrhoids. External, moist, sensitive, with stitching burning pain.		Hæmorrhoids, external or internal, painful after stool.
Nausea, severe with vomiting of food; of water; of *sour* bitter mucus and water.	Nausea not prominent. Vomiting rare.	Incipient nausea. Vomiting bitter; of food.
Eructations sour; bitter; sweetish. Hiccough.		Eructations. Hiccough after stimulants.
No appetite. Heavy pressive pain in stomach on eating. Burning, or coldness at the pit of the stomach.	Little appetite. Indefinite pains through the abdomen relieved by stimulants.	No appetite. Heaviness and pain in the stomach on eating.
Frequent urination with pain in the urethra on passing the last drops. Old sinners with enlarged prostate.	Frequent free urination with relief of symptoms, especially the headache.	Spasmodic stangury. Dull pain in the prostate with urging to defacate or to urinate.
Tremulousness without actual trembling, general and severe.	Tremulousness without trembling. May be general or confined to single groups of muscles. Not severe.	

There is much vomiting under Sulphuric acid. Vomiting of food, of water, of the ingesta, of *curded milk*, of glairy fluids, of both bright and dark blood, of blackish substances and even the ominous coffee-ground vomiting. In cancer of the stomach it should prove an excellent palliative. In one case where I diagnosed this disease, a diagnosis confirmed by an allopathic and one of our brightest young homœopathic surgeons, great relief was afforded to many distressing symptoms, especially the vomiting of

curded milk (milk being his principal diet) the coffee-ground vomiting and the sense of exhaustion. It takes nothing from the reputation of the remedy that a *post mortem* examination revealed the fact that there *was no* cancer at all, since I prescribed for my patient as I found him,—not for the name of a disease which I erroneously supposed to exist.

STOOL.—Sulphuric acid is suited to a severe form of entero-colitis occuring in children, especially during dentition. The stools are frequent, of slimy mucus or chopped saffron yellow stools, are accompanied with great exhaustion, apthæ, vomiting of curded milk, sour vomiting and in spite of the utmost cleanliness the person of the child smells sour.

In adults there is found with or without the dyspeptic symptoms already mentioned, a diarrhœa of whitish or thin mucus mixed with blood, or a soft and pasty stool. After the evacuation there is a sensation of great weakness in the abdomen which is quite characteristic of the remedy. Constipation too is cured by Sulphuric acid. In this condition the stools are hard, dark and nodular—like sheeps dung. The patient suffers from hemorrhoids so that it seems to him that the rectum is being torn asunder during defacation. Many cases of hemorrhoids have been cured by this drug. So has fissure of the anus. In addition to the above mentioned tearing sensations while defacating the following symptoms will call for its use in these distressing diseases. Piles; external, moist, sensitive to touch; with itching at the anus; with sticking pains in the tumor; with lancinating pains running upward from the anus (like Ignatia. Nitric acid); with needle-like pains at the anus (like Arsenicum.)

KIDNEYS AND URINE.—Acute nephritis has been produced by Sulphuric acid, the urine containing both blood and albumen. Particular indications for its use in this disease seem lacking and its choice will be determined by accompanying symptoms.

Dr. G. Oehme in his review of remedies found useful in diabetes through fifty years, speaks of one case as having

been much improved by Sulphuric acid, and mentions the following symptoms as having been present: "Vomiting of water; sour stomach; destroying the teeth and intolerance of solid food."

Dr. Hering says: "Pain in the bladder if the desire to urinate is not at once satisfied," calls for Sulphuric acid. (Pain in the kidneys from the same cause, Conium.)

In hernia scrotalis we may expect aid from this remedy when there is great disposition of the hernia to "come down" with pressing, forcing or stitching pains in the hernia and violent pains at the inguinal ring. Aggravation from walking, coughing and breathing. Relief from quiet, especially sitting.

Dr. Guernsey recommends it for the hernia of infants where there seem to be no symptoms present except a profound weakness of the little patient.

SEXUAL ORGANS.—Upon the sexual apparatus of both sexes this drug seems to produce irritation without sexual appetite. Thus we have in the male erections without amorous thoughts, and emissions without voluptuous sensations. In the female a desire for coition felt in the external genitals, without much excitement from coition.

Dr. H. N. Guernsey, than whom no more acute and accurate observer has ever graced our school of medicine, has recommended Sulphuric acid in the following diseases of women, the choice depending wholly upon the general characteristics of the drug. Menorrhagia, metrorrhagia, dysmenorrhœa, vulvitis and after pains. Also in prolapsus vaginæ, when the parts look greenish and smell badly—a dangerous condition. Also in uterine displacements with early and profuse menstruation, great acidity of the stomach, a desire to do every thing in a hurry, great weakness and a sensation of trembling without actual trembling.

CHEST AND LUNGS.—Sulphuric acid has a decided affinity for the air passages and has produced laryngitis, bronchitis, pneumonia and consumption of the lungs. The physical signs of these various disorders have been observed by competent witnesses, and many symptoms objective and subjective recorded. These will be found in Allen's En-

cyclopedia of Pure Materia Medica and since this is a clinical study of the drug they would be out of place here. Clinical records in these diseases are, considering its undoubted affinity for these organs and the serious and well authenticated lesions produced by it in them, astonishingly meagre. This probably is accounted for by the fact that these severe lung diseases were produced in cases of poisoning by the drug and where the observers were more intent upon the diagnostic signs of the disease than upon the determining indications for the use of the remedy, and we find accordingly that the symptoms reported are too general for the special uses of the therapeutist. Our choice of this remedy therefore in any of the diseases mentioned must be for the present determined by its general characteristics, or by the Sulphuric acid indications in accompanying disorders.

There are, however, some few symptoms which will help us to individualize and these I will mention. There is a cough deserving of especial mention. It is a short, dry, hacking cough, which is constant and fatiguing. The larynx is sensitive to touch, with husky weak voice, or hoarseness even to complete aphonia. With the cough is a gasping for breath and a whistling respiration, and it is worse in the open air.

Also there is a violent paroxysmal loose cough, with copious expectoration, slimy, constant expectoration, offensive in odor and accompanied with a *foul breath.* It is worse in the morning when the patient often vomits with the violent paroxysms of coughing. Respiration may be hurried, short, difficult, with pain in the cervical muscles—pains in the chest, with anxiety—or respiration may be weak, slow and irregular.

Hæmoptysis from slight exertion—from walking slowly. Many slight hæmorrhages from the lungs, from slight exertions.

The chest feels weak. Sense of exhaustion more pronounced through the chest. There are many pains in various parts of the chest; sticking, burning, scraping, drawing, tearing pains. One pain, however, should be espe-

cially remembered for it is a valuable indication for this drug whenever it is present. This is a sudden violent pain in the *upper left chest going through to the scapula on that side.*

In pneumonia it seems to especially affect the lower lobes of the lungs, and is suited to severe cases with a gangrenous tendency.

In consumption, Raue especially mentions the pain through to the shoulder-blade, and von Bönninghausen says it is suited to profuse hæmorrhages from the lungs.

In this connection I will mention the sweats of Sulphuric acid. The patient sweats easily on slight exertion. Sweats profusely at night, more upon the upper part of the body. He has cold sweats, or sour smelling sweats. Emaciation commences early in those poisoned by this drug and progressing gradually becomes extreme. It is accompanied with great weakness, as are all other conditions indeed.

In regard to potency, my own experience has been with the higher potencies only. I can not speak for any others but these have served me well.

Sulphuric acid does not repeat well, as would be expected from the severe nature of the diseased conditions to which it is homœopathic, its action is often *seemingly* slow, but you can not hurry it by repeating your doses, and I am convinced from my own experience that you will usually fail of the best obtainable results by so doing.

With one word of caution I have done. When giving Sulphuric acid to a patient with consumptive tendencies, or to one already attacked with the disease, do not give too high a potency, do not repeat, and exercise the greatest watchfulness, for it will often act so violently as to be dangerous.

ARNICA MONTANA.

J. A. WAKEMAN, M. D., Centralia, Ill.

This is also a polychrest remedy of great importance.

Morally: he is peevish; extremely sensitive; quarrelsome; often present in young children, who are ill-behaved;

cannot touch them; will not permit you near them; never show their tongue; hypochondrical; hopeless; dispondent.

Useful in plethoric, red-faced individuals, predisposed to apoplexy; mechanical injuries, wounds, bruises; given internally, and used in a very weak solution locally—when it is almost invariably used too strong to get its best results, and may do much harm by getting up irritation, itching, and even vesication of the surface to which it is applied: and is apt to do so, if the surface is kept moist and covered by compresses.

Sometimes we find patients manifesting a great propensity to scratch, and as soon as the itching part is scratched, the itching starts up, often, in some remote part of the body, or limbs, keeping him active in tracing it up—great desire to scratch, will scratch head, wall, bed or other things. Head hot, and all other portions of the body and limbs cool; painful glandular swelling; boils, where it is both curative and prophylactic, and in conjunction with Sulphur will cure most persons who have a chronic predisposition to these troublesome swellings.

Blue-red ecchymosis, after bruises; bites and stings of insects; patient sees cats, dogs and snakes tearing his flesh; bed-sores as preventative, in which case chamois skins should be laid on all the time, which should be carefully washed, dried and rubbed soft, every day, and the Arnica solution used very weak; ten drops of tincture to a pint of water I think strong enough. Parts should be bathed twice a day, and let the part get perfectly dry before it is again lain on.

Is useful in corns, bunions, soreness and scalding of the feet from sweating too freely, and becoming scalded from long marches; a weak solution applied after bathing in warm water. I always think it advisable to give a dose or two to my lady patients immediately following parturition, as a precautionary measure; it certainly does relieve the soreness and lameness consequent upon the great strain, physical exertion and fatigue of the muscular system, and often, I fancy, prevents more serious trouble—certainly a safe measure.

.The pains are worse at night; aggravated by motion; in damp cold weather.

It acts prominently, on the left upper, and the lower right, extremity.

Always think of this remedy in falls upon the head in young children, when a dose or two of Arnica 200th should be given, whether there is nausea or vomiting present or not, then permit the child to sleep an hour or two, when it usually awakens quite well. Also the most frequently indicated remedy in violent concussion of the brain, producing insensibility, stertorous respiration, insensible and dilated pupils, soon followed by nausea, vomiting and usually involuntary discharge of urine.

CASE. Willie, aged eight years, was thrown from a runaway horse, falling upon his head, and found soon after with the following symptoms: breathing slow and stertorous; pulse a little accelerated, but small and feeble; partially arouses occasionally in a petulent mood, talks hurriedly and in an incoherent manner; eyes closed and insensible to light, but the pupils are widely dilated; no involuntary discharges. Examination of the head revealed a V shaped incision fully three inches long over the region of the posterior fontanelle, extending to, and exposing the bone, the inequalities of the lambdoidal suture and the serrations of which could be distinctly felt; but a careful examination revealed no fracture. It was cleansed and properly dressed, a weak solution of Arnica applied locally and the same remedy in the 6th potency given every three hours.

The second day we had nausea and vomiting; the boy conscious when awake, but his sleep is heavy, and it is difficult to arouse him, when he complains of ringing in his ears; pulse frequent for ten beats, then one or two omissions, followed by eight or ten slow pulsations and this regular *irregularity* continued for several days.

The same treatment was continued, with a gradual improvement from day to day, and he fully recovered in eight or ten days, with no permanently bad effects from the injury.

Hydrocephalus, with effusion, may be benefitted by its uses, when the symptoms correspond. Bed and all surfaces lain on, feel too hard; must change position frequently to get any rest; in this respect, resembling Rhus tox.

Rheumatic affections in which Arnica is beneficial, pains usually commence low and work upward, as from the extremities to the hips, or shoulders.

Inflammation of the eye, following mechanical injuries, such as cinders, chips of steel, or iron, or insects will yield promptly to a *very weak* solution of the tincture in a cup of soft water.

A morbid susceptibility to the topical application of this drug exists in some patients—as I have several times, in cases of fractures of the extremities, seen—besides closely resembling those of pemphigus, produced by its use as an external application; hence the importance of using a weak solution, and not applying too often nor too long.

An occasional flow of tears, "hot as fire," indicates this remedy; also, when the mouth has a taste as of bad eggs; eructations from the stomach, and flatus from the bowels has the same odor.

After pains sometimes relieved by it; also when they come on as soon as the child is applied to the breast; and locally may do good for excoriation of the nipples.

Applied to the nipples, never saw a strong solution do any good, and never saw a weak one do much; this condition often depends upon a psoric constitution that must be cured before the nipples will get well.

Pleurodynia, spurious or bastard pleurisy, even when fever is present, which is not a usual accompaniment, it is one of the most useful remedies, if not the best; pains are of a tearing character and shoot like lightning, shut off the breath, patient can scarcely speak, aggravated by motion, deep breathing impossible, comes on instantaneously, and may last for hours, fears even the possibility of being touched, pressing pain, perhaps more frequently in the left side, but often in the right; in these cases the 200th has never failed to relieve my cases within an hour, often in ten minutes, except once, when Cimicifuga cured.

These cases, when fever is present, so closely resemble pleurisy, that they must be correctly diagnosed in order to be successfully treated, for we rarely find this remedy the one indicated in inflammation of the pleura.

In threatened abortion, brought on by lifting, concussions from falls, excessive and long-continued exertion on foot, at any stage of pregnancy; pains in the sacrum, lower part of the abdomen, and through the pelvis, at times extending down the thighs; great soreness, aggravated by the least motion; all parts lain on painful, on account of the bed being too hard; cannot sit up at all; no hæmorrhage; with or without dilatation of the os; a very useful remedy and usually relieves very promptly. One case where Belladonna, Nux vomica and Chamomilla had each failed, was arrested in two hours, and an improvement set in, in ten minutes after the first dose.

TISSUE REMEDIES.*

E. B. NASH, M. D., Cortland, N. Y.

In a lecture on Colocynthis Dr. J. T. Kent speaks, by way of comparison, of Magnesia phos. as an excellent remedy in colic. I do not remember his exact words, but do remember that while both of these remedies have the crampy, doubling-up pains for which Colocynth has so long and often been found promptly remedial, Magnesia phos. has also in almost as marked a degree as Arsenicum, *relief from heat.* Not only is this so in Magnesia phos., but also in some other neuralgic pains and affections for which Magnesia phos. has been found efficacious. So if Colocynth fails me in neuralgias, where the pains are crampy, I look sharp for the amelioration from heat, and if it appears, Magnesia phos. generally cures.

Not long ago I was called to a case of facial neuralgia of long standing which had been treated by a Regular with anodynes, large doses of Belladonna being the last one used; and in such doses that the muscles of accommoda-

*Read before the Hahnemannian Association, June, 1887.

tion in the eye were so paralyzed that the patient could not recognize the friends taking care of her. Upon examining her case, I found that the only way in which I could get any—even momentary—relief, was by hot applications to the painful nerve. Here was a good opportunity to try Magnesia phos. I gave it in the 12th trit., a small powder dissolved in water, and teaspoonful doses at intervals of two or three hours. A few doses soon relieved her of the pain, and in a few days more she had recovered from the weakness consequent upon such long suffering.

Now, what of the Tissue Remedies of Schüssler? Shall we refuse to use them because they have not been proved? I say, yes, if we cannot find our remedy among those that have been proved; if not, use them especially if their clinical use in the potentized form has proved repeatedly successful. Many of the most reliable symptoms in our Materia Medica have been discovered *ab usu in morbis;* like that of Pulsatilla, with which I perfectly relieved an old man suffering from enlarged prostrate (after he had been aspirated twice to empty the bladder) on the symptom, "after micturation, even a few drops cause spasmodic pains in the neck of the bladder extending to the thighs." I was led to it by Lippe in his excellent article on Prostatic Disease in the *Homœopathic Physician.* Digitalis and Causticum have served me equally well when indicated.

This valuable symptom is now in Hering's Condensed Materia Medica, but is not found in Lippe, Allen or Cowperthwaite, and has never, so far as I know, been produced in proving. A diamond discovered by accident is as truly a diamond as though you had been hunting for it; so these clinical gems in the Materia Medica are no less gems because we have not a full proving of the drug to which they belong. This is especially so if they appear during the use of the potentized drug. If a symptom or diseased condition is cured or removed with a remedy from the 30th, or even the 12th potency upward, and that repeatedly, I "check it down"; it is entitled to my confidence. I believe it almost impossible to cure with the 30th potency, or even to remove any symptom or set of symp-

toms to which it is not homœopathic; or, in other words, the antipathic remedy in such a potency will produce no curative effect at all. So if a cure does follow the administration of such a potency, the remedy must have been homœopathic to the symptoms, and a *thorough* proving of the remedy will corroborate it. One thing must be remembered, viz.: that while cures must verify provings, provings (if carried far enough) must also verify cures that are made accidentally.

Now, am I advocating empiricism? Not a bit of it! Let me be understood: head first is the way a child should be born; but if it comes breech first, it is a child all the same. Provings first and cures afterwards is the *right* way, but if cures come first, accept them, and make the provings afterwards. Such cures are, sometimes, wonderful, leading us to most valuable therapeutic agents.

Now, with regard to these Tissue Remedies. Let any honest investigator study the symptoms of Ferrum as laid down in the homœopathic Materia Medica; it has vertigo, congestion to head, penetrating, hammering pain, red face, epistaxis, etc., and then study it in its action on the lungs; note the oppression, hæmoptysis with bright red blood, interscapular pains, together with the fact that Hempel mentions that those who live in the vicinity of iron springs and drink the water are subject to local congestions, pulmonary phthisis, spitting of blood, etc.; add to all this the well-known action of Phosphorus upon the lungs, and then judge whether the bio-chemic theory or the homœopathic law for applying Ferrum phos. in local congestions of the head or any other part lays best claim to our confidence as guiding. Calcarea phos., Natrum sulph. and mur., and Silica are well proven and have been long used in many of the diseases for which Schüssler recommends them. No doubt they affect the tissues; so does every remedy, vegetable, animal or mineral, which changes disease into healthy action, or *vice versa*. But whether they cure by virtue of supplying any lack of chemical elements in the tissues, rather than by correcting a condition of the system which in health is able to select all these elements neces-

sary to its well-being is very doubtful, to say the least. Every true Homœopath knows that the lack of bone development, for which Calcarea phos. is remedial, is readily corrected by the use of this remedy in the 30th, 200th, or even higher potencies. How much of the lacking chemical element would be supplied in a month, provided the child took a grain of the 30th three times a day? Let the Milwaukee Bureau answer.

While time and research will bring many facts to light that will corroborate the truth of *similia similibus curantur*, and one of them will be that the Tissue Remedies of Schüssler are wonderful remedies; another, that they will cure in the potentized form all diseases to which they are homœopathic and no others.

CLINICAL MEDICINE.

CASES OF CHRONIC DISEASE—CURED: AN UNMANAGEABLE DIRTY BOY.

THOMAS SKINNER, M. D., London, England.

As the case I am now about to relate has remained perfectly well since April, 1886, and for a year before that date, I am safe to look upon the case as *cured*. The lad belongs to a first-class family and had the promise of a civil appointment in India, although when I was consulted he was only ten years of age. As a matter of course, unless he was cured of his dirtiness, and his indifference to what others thought of him, the acceptance of the appointment was an impossibility, as his studies could not be pursued, leave alone his habits which were intolerable in any civilized society.

A. B. C. was ten years of age when I was consulted by his parents in London on the 29th of December, 1881. The parents informed me that the master and mistress of a public boarding school had threatened to send him home, as they could not do with a boy with such filthy habits as A. B. C. The medical attendant of the school was of opin-

ion that medicine could be of no avail in such a case, that the boy was simply incorrigible, and deserved a good *birching!* The doctor at one time put it down to neglect and indifference about the motions of his bowels, and prescribed an occasional dose of "Eno's fruit salt," which only made matters worse, and no more attempts at cure were made. The corporal punishment was decidedly objected to by the patient and his friends. What then was to be done? The lad must either leave the school and give up all thoughts of a lucrative appointment in India or be cured. Allopathy sung out *non possumus*,—while Homœopathy held out its dove with the olive branch, and in mercy healed the youth of all his troubles, and they were many. The poor fellow was more sinned against than sinning.

On cross-examination of his mother, I found that when four years of age he used to pick up dung and eat it with avidity, and he was not ashamed to own his weakness, on the contrary, he laughed when taunted with it, so that there was no shaming him out of it. Almost his whole life he has been in the custom of *constantly boring his nostrils with his fingers until they bleed.* He does so still, but he used to eat whatever he picked from his nose. He does not now eat dung or what he picks from his nose. He has never been known to pass worms of any kind. *He is hungry at all times, eats greedily and bolts his food;* excellent digestion. He suffers from snuffles and is liable to chronic nasal catarrh every winter and spring, and he then snores loudly when asleep. All his life, or the greater part of it, he has had enlarged tonsils. The same wretched weakness showed itself in bed as well, which made the school-mistress and chambermaids anything but friendly towards A. B. C. His schoolfellows tried to shame him by giving him all manner of disgusting names, but his only protection (?) was to laugh back. Hair and complexion fair, disposition fretful, easily moved to tears, and decidedly *mischievous.* According to his mother, "He has talent!" A mother could not say less! "but he is disinclined for mental work, he won't work or apply his brains in useful thought—only in mischief. He is careless and indifferent to duty and

work. Good on the whole, but I never know what may happen. *The flesh* struggles hard against *the spirit.*" The mother's husband is in the church! Lastly—and this is the point on which my skill and judgment were required to be exercised—A. B. C. was *continually soiling the interior of his trousers and setting up such an unconscionably unpleasant odor all round,* that his fellow scholars would not sit on the same form with him, nor would they even associate or play with him in the yards or on the lawn.

It was for this misfortune that the school-physician prescribed "Eno's fruit salt." God forgive him! for he evidently knew not what he was doing.

December 29, 1881. I diagnosed the cause of all the boy's misfortunes, bodily, mentally and socially to be paralysis of the *sphincter ani.* I do not often trouble myself about the pathology of a case; and in the present instance, although some may think that I am doing so and prescribing according to the pathology of the case, I am doing nothing of the kind. A. B. C.'s weakness or misfortune is put down as filthiness engendered or encouraged by bad habits and indifference, whereas it is due to a morbid weakness inherent in the boy's constitution. It is a disease, and not a dirty habit or vice, as was ignorantly judged by his school-mates, his masters, and, shall I add, by his physician? In the first place, I have to convert the mis-named bad habit into what it really is, and the only conclusion to which I can come, is that I have a long-standing paralysis of the sphincter ani with which to deal —a paralysis which is no part of paraplegia, nor of pyrexeia, but purely *idiosyncratic.* Pathologists would say that it *might* depend upon the presence of worms, or of accumulation of fæces, or of morbid secretions, or of some morbid something irritating some portion of the mucous membrane of the ascending, transverse, or descending colon, or rectum, in sympathy with the sphincter ani, and thus causing it to become relaxed or contracted. So much for pathology, the only part of which worth anything, is *the fact,* that in A. B. C. the sphincter ani had long been function-

ally *non est.* Now for the remedy. According to my Repertory with interpolated notes, I find under:

Paralysis of sphincter ani, Aconite, Alcohol, Atropinum, Belladonna, Causticum, Colocynthis, Hyoscyamus, Kali cyan., Laurocerasus, Lycopodium, Mancinella, Opium, Phosphorus, Ruta, Stramonium, Sulphur, and Zinc.

Sensation as if paralyzed, Coca, Sabina.

Not feeling satisfied with any of these remedies, I had to go back to my old school experience, and in that experience I remembered that of all the medicines having a direct control over the sphincter ani, Nux vomica stands second to none, Belladonna next, and Secale cor. is "not a bad third." Of course, this is a clinical observation entirely, but I never object to a well observed clinical observation where never more than one medicine at a time is always prescribed by the observer, which was my own case as an Allopath from 1854 till 1874—twenty years. In said experience, Nux stood at "the top of the poll" in paralysis of the sphincter ani; Belladonna in paralysis of the sphincter vesicæ, especially in the incontinence of children when deeply asleep. Nux vomica is not in my list of remedies for paralysis of the sphincter ani, but whether clinical or pathogenetic, I made up my mind to commence with Nux, and the more so, because of the determined *mischievous* character of A. B. C., and because he *always cried like a child when asked to go to his books.*

On December 29, 1881, I placed upon his tongue one dose of Nux vomica cm. (F. C.) and the same was to be repeated every night at bed time until he had greater control over the sphincter ani. As my patient and his family reside more than a hundred miles from London, the greater part of my prescribing had to be accomplished by means of correspondence.

January 3, 1882. His mother reports A. B. C. as much better and brighter, but the bowels are still very troublesome. Continue Nux cm. another week, each night at bedtime.

January 11. The bowels are decidedly less involuntary,

and the stools are less offensive. Stop Nux, and let it work.

February 3. As the nasal irritation and discharge and the other symptoms of Cina were to the front, he received a dose of the 1m. (F. C.), and the week following one dose of the 30m. (Fl.). The latter is made by *continued fluxion* the same as Fincke's but corrected in the notation to the centesimal scale, which affected a great though temporary change for the better in his canine appetite, and the nasal catarrh and irritation; in so much so, that the schoolmaster and mistress were supprised at the improvement, and the doctor was chagrined when he heard of it.

February 27. As A. B. C. still had the greatest difficulty in applying his mind to his lessons, and had a decided aversion to them from the impossibility of concentrating his attention to mental work, I gave him one dose of Baryta carb. 50m. (F. C.) and Sac lac every alternate night.

April 6. His mother reports that he is "a new man altogether." "He has complete control over his evacuations, but he still cries like a child when asked to go to his lessons." Being somewhat at a loss what to prescribe, and knowing that all the family were extremely psoric, I gave him one dose of Sulphur cm. (F. C.), which was followed by an aggravation of his peevishness with sleeplessness, so I sent him Sulphur 2cm. (F. C.), one dose at bedtime. His sleep returned, "but he still weeps when asked to do anything which he does not like, especially to sit down to his lessons." This girlish mental weakness puzzled me much, and I observe in my notes of the case the following medicines which had occurred to my mind, namely: Belladonna, Calcarea, Ignatia, Platinum, Pulsatilla, Staphisagria and Tarentula; and in children, Chamomilla and Cina; also from homesickness, Phosphoric acid. Homesickness was not the key-note, as it was the same with A. B. C. when at home. As he now had inflammation of the gums and a bad gum-boil, and as many of his past and present symptoms were covered by Staphisagria, I gave him on June 19, Staphisagria 20m. (F. C.) to be taken at the hour of sleep. On the 28th of June, reported very much better,

and on July 13, A. B. C. "continues quite well since last powder."

August 18. Return of the difficulty of retaining his fæces. "The stools pass suddenly before he is aware of it. They are green, slimy and offensive. He snores in his sleep and suffers from nocturnal salivation." I sent him one dose of Nux 160m. to be taken at bed-time, and since that dose was taken "he has not had one involuntary passage."

N. B.—Nor has he had up till now—July 4, 1887,—about five years.

In conclusion, I may briefly summarise the remainder of the case by stating that up till April, 1886, he got an occasional dose of Baryta carb. 50m. or cm. (F. C.) the interval at first once a week, then once a fortnight, and ultimately once a month. Since the 14th of April, 1886, he has required no medicine, and has all but finished his studies at college. The tearfulness seemed to take its departure soon after the dose of Staphisagria 20m.

On looking over my notes I failed to have recorded a very curious incident in the case of this rather remarkable youth, A. B. C. He was a great coward, and like most cowards he was fond of striking those younger than himself, and even dumb animals. A. B. C. took a fiendish dislike to a noble and quiet, inoffensive dog, the property of the school-master, and he was more than once found in the back yard, beating and kicking this poor animal. When asked the reason why, he could give no reason for his action. As A. B. C. was in consequence threatened with expulsion from the school, his mother appealed to me, and not in vain. I sent Belladonna 20m. (F. C.), one dose, at bed-time, dry on the tongue. A. B. C. has never since "assaulted others" younger than himself, and the dog and he became excellent friends.

Whatever interpretation may be placed on the above facts, whether related to each other as mere coincidences, —all I can say is, that they are very *happy* coincidences for the lad and his friends, carping critics who look upon "Hull's Jahr" as an authority in characteristics, to the contrary notwithstanding. Let them carp!

CATARRHUS ÆSTIVUS—(HAY FEVER).

E. LIPPINCOTT, M. D., Memphis, Tenn.

In the June issue of this journal is an article entitled "Hay-fever or Pollen Poisoning," by J. E. Jones, M. D., West Chester, Pa.

From his standpoint he has arrived at a different conception of its pathology, from the one now accepted by those who have thoroughly investigated and know whereof they write. I agree with him that hay-fever should not be classed as a fever, but where is his authority for the term "Pollen Poisoning," or from what pathological condition he bases his assertion is beyond my comprehension. In reference to his remark, that "the text-books will give the structural changes, etc," I have yet to see the first one that gives any definite idea of the structural changes. Again "the cause of this disease is now almost universally conceded to be the poisoning of the exposed mucous membranes by the contact of certain pollens of various plants, carried by the air and deposited upon their surfaces." Dr. Jones can claim priority in this assertion with me, as I never before knew that the exposed mucous membranes of hay-fever victims were poisoned by pollen, or even poisoned at all. That pollen—but not pollen alone—is an irritant, and that pollen and other irritants, coming in contact with an already diseased condition of the nasal mucous membrane, gives rise to the various symptoms and conditions denominated hay-fever is undoubted, but by what process of reasoning—certainly not an *a priori* reasoning—he can demonstrate that the mucous membranes of hay-fever victims are in any way poisoned, is incomprehensible. If poisoned, why is it that the victim does not still manifest constitutional effects of the poisoning after the objective manifestations have disappeared, or after a frost or cold weather has set in? The conditions that existed previous to the onset of the malady, still exist after the effects from pollen and other irritants have disappeared, but generally in a somewhat aggravated form due to the irritation.

Again, "these grains of pollen are deposited on the eyes, nose and mouth of every one, but do not alike poison all, hence it is evident that there must be a peculiar condition of the system, an idiosyncrasy, which in certain cases permits the poisoning to take place, and in others equally exposed, it does not irritate." What peculiar condition of the system, and why peculiar, or what form of constitutional diathesis is not stated by him. If Dr. Jones will use a reflector or head mirror, a nasal speculum and throat mirrors, and carefully examine the nasal and pharyngeal cavities of hay-fever victims at a time when there are no outward manifestations of the disease—either before or after an attack—he will find a turgescence, or an hyperæsthetic condition of the nasal mucous membrane, or a hypertrophy of the tissue covering the inferior turbinated bones and the lower part of the septum, or a nasal stenosis, or polypus, or some diseased condition of the mucous membrane, showing a local, structural, or functional disease of the nasal or naso-pharyngeal cavities, wherein lies the prime or latent cause of hay-fever. This diseased condition of the nasal or naso-pharyngeal cavities is the result of repeated colds, or a former catarrh, or catarrhal fever or other diseased conditions of these cavities, which leave the mucous membrane in a sub-acute inflammatory condition, and consequently highly susceptible to external influences. The tissue covering the inferior turbinated bones, and the lower part of the septum, is a highly vascular erectile tissue. This tissue is under the control of the vaso-motor nerves, and is highly sensitive to impressions applied locally to the part, as well as to other portions of the body. The effects of a cold in the head, or of a draft of air striking the body, will, in some instances, cause this tissue to become engorged and occlude one or both nostrils. The engorgement of this tissue as a result of a draft of air, or sudden chilling of the body, etc., causes the distressing sensations arising from and accompanying a cold in the head. A remaining engorged, or sub-acute inflammatory, or higher-sensitive condition of the membrane covering the nasal cavities—a rhinitis—as a result of the above

operative causes, is irritated by the contact of the pollen of various plants, by dust, smoke, fumes, gas, foul air, heat, the emanations from various drugs and perfumes, etc., which develops a rhinorrhœa, and also what is popularly but erroneously denominated hay-fever. An inflamed, turgescent, or hyperæsthetic condition of this tissue—although slight, and not sufficient to cause any special annoyance, or attract the attention of the patient—may, through atmospheric and other influences, increase its susceptibility to irritation in a marked degree, or result in permanent hypertrophy of the tissue, and consequent nasal stenosis. The irritation, reflected from this tissue, through the sympathetic nerves to other parts and organs, is the exciter of the varied and distressing symptoms and conditions experienced by hay-fever victims, among which are hay asthma (so called). Hence, if the lesion of hay asthma is traceable to the nasal cavity is it not reasonable to suppose that the lesion of almost all other forms of asthmatic troubles might be traceable to a diseased condition of this cavity. Such has been the result of my investigations in cases of asthma. In seeking for the cause of hay-fever, the nose has been generally overlooked. The importance of an unobstructed nasal passage, free nasal respiration, and a healthy condition of the nasal mucous membrane can only be realized and appreciated when one attempts to eat, drink, sleep, or talk with the cavities closed. I think I have demonstrated why, "In the same individual, at one time, there is no perceptible effect from a continued exposure when at another time, the most violent symptoms are produced and ever after, the least exposure increases the susceptibility;" but I fail to see the point in Dr. Jones illustration, whereby there is any connection or similarity between the causes of hay-fever and Rhus poisoning. Hay-fever is the result of an irritant coming in contact with a diseased mucous membrane, developing an entirely different condition from that of a poisonous plant coming in contact with healthy skin, or healthy mucous membrane. Some people are only susceptible to the poisonous influence of the ivy vine when perspiring, or more susceptible at

that time. This accounts for their being more susceptible at one time than another. And, dear reader or International, do not waste valuable time in giving Anacardium, Belladonna, Bryonia, Rhus tox., high or low, or any of the many recommended remedies or the local appliances for Ivy or Sumac poisoning, except a strongly saturated solution of the crystals of hypo-sulphite of sodium. This preparation if used at the onset or soon thereafter, frequently applied, will cure the patient in from one to three days, quicker than by internal medication and the poisoning will not reappear, except from a renewal of the cause.

Dr. Daly, Pittsburgh, Penn., reported three cases of hay asthma cured, two of which were cases of hypertrophy of the nasal mucous membrane, and one, a case of polypus; the cure in each case being obtained by removing the morbid condition in the nasal cavity.

Dr. F. H. Bosworth, of New York, says: "Of the sixty cases of hay-fever which I have personally examined, I have seen none in which there was not notable obstructive lesion in the nasal cavities."

Hay-fever is not prevalent in those localities where catarrhal diseases prevail.

The treatment of hay-fever resolves into two forms, viz.: First, palliation, cure, or prevention of the existing attack. Second, cure during the interim of attacks by a removal of abnormal growths, and other organic changes, as far as possible and practicable, allowing free nasal respiration, and restoring the diseased condition of the nasal and naso-pharyngeal mucous membranes to their pristine state, whereby pollen and other irritants will not excite an attack.

Prevention of an attack by a removal to a sanitary resort, —among which are, the White Mountain region; Lake Chautauqua; Put in Bay; Fire Island; the Island of Mackinaw; the shores of Lake Superior; Cobbs Island; the summits of the Alleghanies and Adirondacks; Lookout Mountain; Roane Mountain; Colorado Springs; the Rocky and Sierra Nevada Mountain country, as well as other elevated regions, and a sea voyage—gives immunity from the disease by virtue of the absence of pollen and other irri-

tants, and of the rarefied and pure condition of the atmosphere, wherein pollen, etc., are not carried, and an absence of various emanations in contradistinction to the humid atmosphere of the residence of the victim wherein all the above mentioned irritants float and other exciting causes operate. To a Homœopathist, with a knowledge of the causes, diseased conditions, the proper local and general measures and the correct simillimum, there is no necessity of making refugees of hay-fever patients. Palliation and cure of the existing attack, is sometimes difficult, owing to the existence of the prime cause and the irritants constantly operating to renew the attacks, but in a majority of cases it can be accomplished.

Naphthalin.—This medicine is a substance distilled from the coal-tar oil. Dr. von Grauvogl used it in emphysema pulmonum, bronchial catarrh, and bronchial asthma. This remedy is applicable to more cases of hay-fever, and better results are obtained from its use in all stages, than from any other remedy. In the early stages it generally aborts or cuts short the disease. It is sometimes necessary to repeat the dose occasionally thereafter. I introduced its use to the profession in hay-fever, in 1885, and have had the gratification of having many physicians bear testimony of their success with it. From clinical verifications the indications for its use are: Fullness, pressure, stuffed up and aching feeling in frontal sinus and forehead, with itching in the mouth, nose, ears and eyes, severe paroxysms of sneezing, profuse coryza and lachrymation, irritating the anterior nares, causing redness, heat, swelling and soreness of the nose; stuffed-up, raw feeling in frontal sinus; the coryza so abundant that it drips from the nose; frequent sneezing with sensation as though one might sneeze at any moment. In the majority of cases of Rose cold I use no other remedy. In some forms of asthma, as well as the asthmatic form of hay-fever, I have found it curative where there was labored inspiration; desire to have doors and windows open; tendency to throw off bed clothing on account of feeling too warm; a bloated, full feeling with tenderness in epigastric region so that no

weight or pressure can be borne there; stuffed-up, oppressed feeling in chest, more especially on left side and in region of sternum; tendency to unloosen clothing around abdomen on account of tenderness, fullness and oppression.

Arsenicum iod. is by some considered a prophylactic. Its prophylactic powers lie in its ability to remove the pre-existing diseased condition and pre-disposing cause. I have but little faith in the prophylactic powers of any drug in this disease, except upon these grounds. It is indicated in persons of pale, delicate complexion, prone to glandular enlargements, puffiness of eyelids; burning sensation in nostrils and throat, sneezing, profuse coryza, the discharge thin and acrid; difficult breathing through the nose, worse in the morning and after meals; lachrymation, itching of the eyes, nose, mouth and ears; eyes and nose red; rawness and dryness of throat with hoarseness and asthmatic breathing.

Sabadilla.—Great itching and irritation of the schneiderian membrane, with violent paroxysms of sneezing; copious, watery discharge from the nose and eyes; fever; severe frontal headache; lachrymation in the open air, and when looking at a bright light; redness of the eyelids; dryness of the mouth without thirst; muffled cough, worse on lying down; dry, spasmodic cough; chilliness with heat of the face; painful lameness in the knee joints; heaviness and pain in the limbs towards mid-day and in the evening; great sensibility to cool air; agitated, unrefreshing sleep. Dr. Bayes has used it with success.

Aralia rac.—Frequent sneezing; copious, watery, acrid discharge, excoriating the nasal passages; smarting soreness of the posterior nares and alæ nasi; suffocative catarrh with extreme sensitiveness to a draft, the least current of air causing sneezing; warm, salty taste in the mouth; awakens with suffocative breathing; inability to lie down; dry, wheezing respiration with rapidly increasing dyspnœa; loud whistling breathing, worse during inspiration; relief of the asthma by bending forward with elbows on the knees; dry, wheezing cough ejecting yellow thread like

pieces of tough mucus; sensitiveness to slight changes of temperature.

Kali bich.—Sneezing; fluent acrid discharge, excoriating the mucous membrane from nostrils to throat; pinching pain across the bridge of the nose, relieved by hard pressure; headache in left supra orbital ridge; hoarseness and oppressed breathing; wheezing cough, with expectoration of tough, stringy mucus; cough excited by eating or drinking; loss of smell.

Kali hyd.—Incessant sneezing for an hour or more every morning on rising; aching, heavy, pressing pain between the eyes; lachrymation when sneezing; at night nose became stopped up, feels sore to touch. This trouble had appeared two years consecutively at the same time. Kali hyd. 1x trit., one powder every four hours, cured in a week and there was no return of the attacks. By J. H. Lowrey, M. D., Neola, Iowa. I would add; burning, corrosive, watery discharge from nostrils; swelling and redness of nose; purulent discharge from the eyes, corrosive tears, swelling of the eyelids; painful throbbing in frontal region; oppression of breathing; violent suffocative cough; hoarseness, rawness and burning in the nasal and respiratory organs; wheezing breathing; choking sensation when awaking; profuse, white, frothy and stringy expectoration; general aching and frontal headache.

Sanguinaria can.—Frequent sneezing aggravated by odors; watery acrid discharge with much burning; depraved smell; pain in frontal sinuses; dry cough; oppression, pain and soreness in upper part of chest with difficult, wheezing breathing; wheezy, whistling cough; asthma with inclination to take a deep breath during the paroxysm; cough worse at night.

Euphorbium off.—Sneezing; cough; chilliness and heat alternating; inflamed eyelids glued together at night; dryness of the mouth and throat; oppression of the chest; dry, deep, hollow, hoarse cough, with irritation of the larynx; general prostration with desire to sit or lie down; worse from draft of air or dust.

The above medicines are given in the order of their

prominence and are the principal ones, coupled with local and general measures to meet the exigencies of the case, with which to relieve an attack. The following medicines: Acon., Ars. alb., Arum tri., Camph., Cepa, Cocaine, Euphr., Gels., Graph., Grind. rob., Hydr., Ipec., Lob., Mer. prot., Merc. sol., Nux vom., Phos., Puls., Sang. nit., Spig., Sticta and Sulph., I have used for complications that arose, or as intercurrents, or for conditions that presented when I first saw the patient.

To prevent a recurrence of attacks, it is necessary to examine carefully, to ascertain the character and extent of any abnormal conditions of the nasal and naso-pharyngeal cavities at a time when the victim is free from hay-fever and its effects, and to treat the same with the purpose of restoring these cavities to a normal state. Various measures are required, the treatment depending upon the individuality of each case. Among the measures useful are electricity, removal of growths and other abnormal conditions with the knife, or cautery, or local applications of Iodine, Glycerine, Fluid Hydrastis, Pinus canadensis, Tannin, Hyposulphate of Sodium, etc.

These local and general measures are frequently useful and essential, but without internal medication we cannot hope to cure. Kali bich., Merc. prot., Sang. can., Hydrastis, Ars. iod., Graphites and Corall. rub., are the remedies suited to the majority of cases; and there are other remedies suited to catarrhal conditions which may be required.

TWO CLINICAL CASES.

W. HOYT, M. D., Hillsboro, Ohio.

CASE I.--TINNITUS AURIUM: *Sulphur.*—May 27, '87. Mr. H——, an attorney-at-law, presented himself for treatment, whereupon I collected the following symptoms. Has been troubled with a *rumbling and roaring in left ear as of a train of cars while running, at a great distance.* Has been afflicted thus for six months, and until about six weeks ago it troubled him only after retiring, but during

the last six weeks the rumbling and roaring has so increased that it troubles him *constantly*, even when reading or talking.

Soon after the commencement of his trouble he began treatment with a reputable allopathic physician, and continued until above date. Upon investigation, found he had been using glycerine and boracic acid locally, besides constitutional treatment. Found the meatus auditorius externus irritated, and the membrana tympani rough and dull in appearance.

Hearing not affected except more sensitive than usual, and as he expressed, "hears too much."

He received *one* dose, Sulphur 50m. dry upon the tongue and no other medicine. On the following day made a trip to one of our cities, and after retiring that night, to his surprise and utter astonishment found all symptoms had vanished.

May 31. No rumbling or roaring, consequently no medicine. Up to date, June 8th, patient was perfectly well.

CASE II.—*Lycopodium.*—February 10, '87. Mrs. J——, age 37 years, dark hair and eyes, of rather sallow complexion. Has had pain in left hypochondriac region for a long time, pain not severe. Has not been well for four weeks. Was attacked with shortness of breath, terminating in paroxysms of coughing. *Paroxysms every day, commencing regularly at 7 p. m. and lasting until 11 p. m. During the attack of coughing expectoration thick like white of an egg, and very free* (half pint) *during each coughing spell, with but very little during the remainder of the time.* Shortness of breath continues after cough ceases; gets out of breath easily. Pulse, 88; temperature normal. Not much appetite, but eats a little at every meal. Bowels constipated. Gave Lycopodium 30, every two hours during each forenoon.

February 12. Husband reported that she was doing nicely, as the paroxysms were not so severe nor of so long duration. Sac. lac.

February 23. Husband reports again. Has no cough, but some pain in left hypochondriac region. Appetite

good, rests well, and stronger in every way.

Gave Lycopodium 50m. one dose, and she said she "felt the medicine go all through her."

February 24. Feels some of her old symptoms, such as palpitation of the heart, followed by weakness and great prostration after stool. Latter symptom is an old one that has troubled her for a long time. Placebo. At last report she was gaining in flesh and doing her own house work.

CLINICAL NOTES.*

E. RUSHMORE, M. D., Plainfield, N. J.

CASE I.—*Sabadilla.*—Chilliness with yawning and lachrymation followed with heat, after suppression of intermittent fever with Quinine. Sabadilla 5m.

CASE II.—*Natrum mur.*—Mental depression, restless sleep, waking early and feeling troubled; he fears becoming sick like his father who lately died. He knows he ought not to feel troubled, but says he cannot help it; he dreads business care. Palpitation of the heart. Improved at once by Natrum mur. cm., one dose, which was repeated a month later in 50m. potency, and the patient then remained well for three months. The symptoms return at intervals of about three months, but are always removed by a single dose of Natrum mur. in varying potency.

CASE III.—*Dulcamara.*—Muco-purulent urine, with general left-sided sensitiveness, especially of the *abdomen.* Dulcamara in various potencies, from 900 to cm.

CASE IV.—*Sulphur.*—After getting chilled, aching as if pounded in the muscles, joints and back; cold hands and feet; pulling sensation at both sides of the sternum on breathing deeply; cough with expectoration, worse on rising in the morning and from hurried exertion, *better from lying down,* with pain in the middle of the chest. Lying on the right side causes a little catch in the breath as if to cough, but he does not. Bad taste in the morning; at night, hot feet and general perspiration. Pulse, 95; tem-

* Hahnemannian Association, June, 1887.

perature, 102. Family consumptive. Sulphur cm. (Fincke) one dose, removed all the symptoms.

CASE V.—*Rhododendron.*—Painful inflammatory swelling of *left* testis, immediately following the shock of getting into a hot bath. Rhododendron 300 Jenichen.

CASE VI.—*Natrum mur.*—After intermittent fever treated with Quinine, frequent chilliness, with numbness in the abdomen on walking, numbness of the finger tips and stiffness of the tongue. Natrum mur. 50m.

CASE VII.—*Natrum mur.*—Chill at 10:30 A. M., then heat, nearly constant headache. Much thirst before the chill and during the heat. Stiffness and aching in the bones the day before the chill. No vomiting. Perspiration at night. Natrum mur. 50m., three powders twelve hours apart cured without recurrence of paroxysm.

CASE VIII.—*Sepia.*—A lady subject to hemorrhoids has not been able to sleep for many weeks from pain in the calves, a numbness and drawing, the legs tend to draw up at the knee. She is wakened by the pain with a jerk of the limbs after an hour's sleep, or it comes as soon as she loses herself in sleep. She has it in the day time also if she lies down to sleep. Sepia cm., one dose, cured her quickly.

CASE IX.—*Aloe.*—Intense pain and soreness in the rectum after stool with protrusion of piles, and throbbing at the anus; the pain lasts several hours, is worse from touch, and temporarily relieved by cold water. Aloe cm. (Fincke), three powders two hours apart, removed all the symptoms.

CASE X.—*Nitric acid.*—Piles, old, bleeding, painful after stool. Nitric acid cm. Nearly four months later she reported that there had been no bleeding since taking the medicine, and that she is better and stronger than she has been for five years.

CASE XI.—*Natrum mur.*—Fullness of the head, she wants to hold it with the hands. Pain at the heart, numbness of the left arm and hand, vertigo on rising, aching and sore feeling at the nape with pain extending all down the spine. She is worse from mental exertion. Lets objects

fall from hands. Natrum mur. 50m., one dose. She wrote in two weeks, that she believed she was well; she would not have thought it possible for so little medicine to do so much good.

CASE XII.—*Silicea.*—Headache, low in the occiput, seems to come in waves, with flickering of objects before the eyes and coldness in the nape, extending to the face; great sensitiveness to cold air. Silicea cm., one dose, cured.

CASE XIII.—*Sulphur.*—Severe pain in the region of the liver all night; pressing, tearing, boring, as of a blunt instrument going through to the back. The pit of the stomach is very sensitive to pressure. Sulphur cm. relieved in fifteen minutes, and quickly cured.

CASE XIV.—*Spigelia.*—Notwithstanding the alleged preference of Spigelia for the left side of the face, it has acted well in right-sided prosopalgia in the 1000 and 5m. potencies, where the heart symptoms seemed to call for it; the patient saying it was the only thing that helped her.

SULPHUR IN DIPHTHERITIC CROUP.

JOHN A. GANN, M. D., Wooster, O.

A little paragraph apparently intended simply to fill out a page in your most excellent ADVANCE, merits more than the passing notice it seems to have obtained.

The loss during the past few years of a few cases of croup following diphtheria made me eager for any means that would enable me to more successfully cope with such an almost invincible enemy—a disease, recognized by the experienced as terribly trying; and demanding the most energetic measures.

Associating the idea of massiveness with the idea of energy, how naturally did we appeal to the almost stifling vapors of bromine and lime, or add strangling doses of acetized sanguinaria, or the kali salts, hoping by this massing of effort in some way to baffle our enemy and save our patient.

That the above means have done good must be true, "for thus it is written by the prophets." But the many failures acknowledged by others who have faithfully tried these means, prove that the cures may have been *post* instead of *propter hoc.*

There is a stage in the progress of diphtheria when the dangerous symptoms seem to have disappeared—the coating gone from the throat, the child cheerful and even playful, and the family rejoicing in the hope of a speedy recovery. But within twenty-four, or possibly forty-eight or more hours, a little cough is heard, and it is decided that somehow the "child has taken cold," and the doctor gives some simple remedy with the hope "it will soon be all right again." Night comes on, with the child more restless, until about midnight when the clarion notes of croup ring out, proclaiming the citadel of life again attacked.

What shall be done? Is there any pain? Generally none. Is there any coating in the throat? None, but the throat is more or less dry and shiny. The little patient says it is "well," though obstructed respiration with its accompanying symptoms tell a different story.

"What thou doest do quickly," for already valuable time has been lost while treating the case for a simple cough. Put the little one on Sulphur *high*, and you will witness the victory of the infinitesimals.

TWO UNUSUAL CASES.

A. McNEIL, M. D., San Francisco, Cal.

CASE I.—DELIRIUM TREMENS: *Stramonium.* December 23, 1886, I was called in the morning to see Mr. B—, æt. 30; has been drinking very hard for seven weeks, and has not slept for some time. He has not yet had hallucinations but he is in terror, which is plainly depicted on his countenance as well as expressed by him. His terror was such that he begged for immediate relief in an almost unmanly way, although I have since learned that he is of more than usual courage. He could not keep still a second, remind-

ing me very much of a case of poisoning by the seeds of Jamestown weed I once saw in which the victim was in this constant motion. This, both in my patient and in the poisoning was not spasmodic but resulted from the mental condition. He could not bear to be left alone a moment.

I gave him Stramonium 200 in water every two hours. When I again saw him, in the evening, his mind was clear, no fears tormented him, and he felt quite natural. I gave him Sac. lac.

The next morning all signs of mania-a-potu had passed away, but symptoms of a cold were discovered for which I gave Bryonia 200 with good result. No more Stramonium was required.

CASE II.—CHLOROSIS: *Rhus tox.* March 4, 1887. Mollie B——, æt. 15, has been sick ten months so that she could not do even a little house-work. Her color was that so pathognomic of this disease. Menses suppressed all of this time and no menstrual effort was discoverable. Previous to her sickness had been regular for five months.

She is bloated in the face, has an enormous appetite so that she eats enormously at each meal and in a half hour is as hungry as ever. Is constantly chilly. Must eat between meals and get up at night to eat. The bloating is worse in the morning. Has had a few herpes hydroalis. When in bed she has pains in the knees which compel her to change her position frequently for relief. She then goes to sleep again. Gave her Rhus tox. 200, twelve powders, three a day.

Improvement set in immediately and continued till April 21st. During this interval she received Sac. lac. only. She now received Rhus tox. 10,000, one powder.

This was again followed by improvement so that on the 27th she reported having on the 23d washed for three and a half hours, then scrubbed and did housework all day without much fatigue. Her appetite is normal; color much better, no pains in her legs, in fact with the exception of non-return of menses is well. Sac. lac. only.

May 11. Her menses have returned, are normal, no more

chilliness, but her feet burn, must put them outside of the bed clothes. Sulphur 200, one powder.

Was this a cure or a recovery? I am sure, and unhesitatingly pronounce it a cure. No change was or could be made in her food, mode of life, or condition.

I am not aware that Rhus tox. has ever been given for chlorosis before. I did not give it for chlorosis, but for the totality of the symptoms and a cure resulted according to the *law*.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia. EDITOR.

THYROIDECTOMY.—There are few of the major operations, about which more has been written of late, and about which there is more conflicting testimony, than removal of the thyroid in whole or in part. It is singular that there should be so much uncertainty, and such want of uniformity in technique of the operations, when the frequency of the operation is recalled. Some tell us *complete* removal (of the whole gland), almost invariably results fatally; very many assert that removal of any considerable portion of the gland results in *cachexia strumipriva;* some have advised opening the capsule, and rapidly tearing out the parenchyma; others dissecting the gland out, and ligating vessels as they are reached; and still others dividing the isthmus, and then removing each half separately, ligating the pedicles containing the main vessels *en masse*. For a long time it looked as though the results of numerous operations in Europe, so generally disastrous in various ways, would forbid such procedures entirely, but later investigations seem to give a different verdict. The trouble seems to have been in not giving sufficient prominence to racial peculiarities. Thus T. F. Chavasse, M. D., (Birmingham, Eng.) gives the result of four cases, one complete, and three partial excisions, in all of which recovery was perfect, with none of the sequelæ noted in Germany and France. He

says (*Ann. Surg.* July, 1887): "The occurrence of operative myxœdema (cachexia strumipriva) so ably described by Reverdin and Kocher, may possibly be intimately associated with the previous family history, with the habitat, the diet and every-day surroundings of the patient. The investigations at present engaging the attention of the London Clinical Society, may throw some new light upon this important subject, but at present I am doubtful if the condition will be found to occur, after partial or complete thyroidectomy, in English speaking patients, previously healthy, with a degree of frequency that will make it a matter of practical importance." Those who have seen the class of people on whom foreign surgeons are usually called upon to operate, can readily conceive that there may be much truth in the above conclusions. I have had the privilege of operating three times, once complete extirpation, once partial, and once confined to one lobe. The results were, recovery in two cases, death in one from extreme tracheal stenosis and acute œdematous inflammation of glottis and larynx. The successful cases were not under observation sufficiently long to determine as to sequelæ, but after three months there were no symptoms of myxœdema in either. As to methods of operating, nothing need be said at this time, beyond the fact that preliminary tracheotomy is thought now to be undesirable, provoking more complications than it averts.

Local Anæsthesia.—The advantages of cocaine has but slowly been appreciated by general surgeons, and indeed the best methods of using it are yet to be discovered. Some use solutions of various strengths, either applied to the surface or injected subcutaneously; others use the crystals without any vehicles. In several cases of urethral surgery I have employed it with very satisfactory results. In two cases of internal urethrotomy a small amount, about the size of a grain of wheat was crowded into the meatus with a probe, and allowed to dissolve in the slight secretion found there. In the first case, after ten minutes the stricture was cut, but the patient complained of the pain as

being quite sharp. About half an hour afterwards, the whole organ seemed insensitive, and the anæsthesia continued for some two hours. In the second case, the same amount was used, but no attempt was made to pass the urethrotome for at least half an hour. In this case there was not the slightest pain. It is said that to procure a satisfactory anæsthesia of the urethra, the cocaine should be injected into the urethra, well back of the point where incision is to be made, on the theory that the anæsthesia must start near the source of nerve supply, that is, on the proximal side of tissue to be operated on; in other words, that anæsthesia will only "travel in the direction of nerve-supply." This is an error, as many cases can show. In operating on mucous passages, the cocaine can be placed anywhere on the mucous surface, and anæsthesia will soon extend throughout its length.

CORRESPONDENCE.

OUR FOREIGN LETTER.

Those interested in the efficacy of M. Pasteur's anti-rabic inoculations will have been much interested in the report of the committee appointed to investigate the subject by the British Parliament. The committee included many names to whom we must concede the merit of eminence, though we may differ from their therapeutic principles; among others, Sir James Paget, Sir Joseph Lister, Dr. Quain, Sir Henry Roscoe and Dr. George Fleming. The selection of members must be admitted to have been extremely judicious since every aspect of medicine and its allied sciences was well represented. Thus Paget may be accepted as a good representative of practical surgery; while Sir Joseph Lister is illustrious from his great discovery of anti-sepsis; Dr. Quain represents medicine *pur et simple*; Sir Henry Roscoe is a distinguished scientific chemist, to which profession M. Pasteur also belongs, and Dr. George Fleming is at the head of the veterinary department. Had we been consulted in the formation of the

committee we should, of course, have added a representative of Homœopathy to investigate this most homœopathic of questions.

The committee with its able young Secretary, Mr. Victor Horsley, who has distinguished himself so early and so greatly by his demonstrations of pre-historic surgery, proceeded in April, 1886, to Paris. They found that 90 persons had been submitted to M. Pasteur's inoculations: of these 24 were bitten on naked parts of the body by animals undoubtedly rabid; 31 had been bitten by dogs not clearly proved to have been rabid, and the remaining 36, though bitten by dogs undoubtedly rabid, received their injuries in parts protected by clothes which would intercept the virus. Of the whole 90 not one has hitherto died after the 15 months. The committee is of opinion from the perusal of existing statistics that out of these 90 persons, 8 would have died had they not been inoculated; we may, therefore, accept the fact that M. Pasteur on this occasion saved 8 lives.

Out of 2,634 persons inoculated by M. Pasteur, his critics place the number of deaths at 40, and among the number is included 7 who died from the bites of wolves, and 4 who probably died of some other disease than hydrophobia. Making allowance for uncertainties which cannot now be decided, the committee believes that, including the deaths from the bites of rabid wolves, the proportion of deaths in the 2,634 persons bitten by animals other than wolves, was between 1 and 1.2 per cent.—a proportion far lower than the lowest estimate of those not submitted to M. Pasteur's treatment and showing the saving of not less than 100 lives.

Unfortunately the variety of inoculation named by M. Pasteur *intensive* and deemed by M. Pasteur to be necessary in persons in which the bites are numerous and on exposed parts of the body, cannot be applied without a certain amount of risk. Of 624 cases treated by the intensive method, 6 died; this is not a larger proportion than in the ordinary method, but the symptoms attending death in some of them (*hydrophobie avec paralysie*) were such as

to lead to the suspicion that death was caused by the inoculations and not by the disease. These accidents it must be admitted are most unfortunate, for it may be doubted whether the salvation of any number of lives justifies the direct causation of deaths in any one case. Taking the report, however, as a whole, it must be considered highly favorable to M. Pasteur, and inoculation in rabies must henceforth be ranked with vaccination in small-pox as an additional pendant to Hahnemann's great discovery of similia similubus curantur. All things considered, the Queen has cause to be thankful that she has reached the fiftieth year of her reign and the sixty-eighth of her life with so few of the ills which flesh is heir to. The undoubted taint of insanity transmitted to her by George III, probably the result of a long course of "breeding in and in" has only manifested itself in a morbid dwelling upon the grief caused her by the loss of her consort, which has induced her to multiply his statues and mausoleums to an unnecessary extent; otherwise she may be considered a fairly good life, and has every prospect of extending her reign to the length of her grandfathers if not to that of Henry III.

Apropos of the jubilee, it is really remarkable that so vast a concourse of people, numbering at the lowest computation many hundreds of thousands, should have been attended with only *two* fatal accidents. One was that of a boy who, falling from a scaffolding erected within the precincts of St. George's Hospital, alighted on the vault of his cranium, sustaining by *contre-coup* a fracture of the base of the skull, from which he expired some hours afterwards. The other was a policeman who was kicked on the head by a horse, upon which was mounted one of the guards of honor taking part in the procession.

Most of your readers must, at some period of their career, have experienced how severe is the struggle through which a young medical practitioner has to pass, before he is able to establish equilibrium in his finances. It is difficult to believe that members of any other profession, trade or calling are encompassed with greater difficulties at the outset. A young medical man, however able or well-informed, soon

finds that the public considers youth and an evident freedom from the tricks of trade far more damning than the grossest ignorance or addiction to the worst vices; good clothes, a fine house and furniture, a carriage, and that most expensive of all luxuries—a wife, are expected of him as a matter of course; receipts for some years are slender, so that all this outlay has to be made with borrowed money, often at exorbitant interest. Many medical men shirk private practice altogether, and spend their lives passing from one small appointment to another. I have been glad, therefore, to see that the attention of the profession in England has of late been turned to the many ways in which the medical practitioner is victimized. I have long been aware from private sources of information, of the very great injury which is done to struggling practitioners by the abuse of the hospital system. The public when they talk of the noble conduct of the eminent medical consultant who gives his time gratuitously to visiting the great hospitals, are probably not aware that the hospital physician is indirectly far more than indemnified for his loss of time—that in fact any physician who is able to secure his appointment may consider that his fortune is made. To say nothing of the vast succession of patients and students who are discharged all over the country to act as walking advertisements of the 'kind doctor' etc., there is the board of Royal and other influential personages, and lastly but not least, there are the numberless circulars, prospectuses and appeals for charity, all bearing the names of the staff in letters of titanic dimensions. The poor struggling practitioner who, whenever he attempts to secure his very modest charges for his services, finds that his patients coolly betake themselves to the hospitals, where, as they very often insolently inform him "they can get much better treatment for nothing at all," may be excused for not joining in the general chorus of self-laudation.

The remedy, of course, lies in our own hands; medical advice, if we consider the cost of education, etc., represents money-value as tangibly as does a loaf of bread or a pair of shoes, and medical men should, therefore, absolutely refuse to give advice without payment of some kind.

A. E. Drysdale, M. D.

OPHTHALMOLOGY AND OTOLOGY,

NOTES ON DISEASES OF THE EYE AND EAR.

H. H. CRIPPEN, M. D., Detroit, Mich.

MAGNESIUM IN EYE DISEASES.—While at the New York Ophthalmic Hospital my attention was called to the use of Magnesia carb. in the treatment of blepharitis marginalis. Cases have since been reported in which the same remedy (200th) has not only cut short a crop of styes but eradicated the tendency to their recurrence.

My only successful experience with Magnesium has been with the sulphate in the case of a boy, aged 16, whose right lower eyelid presented three small warts, non-polypoid in character. Subjective constitutional symptoms were absent, but the enlargement of the tonsils and of the cervical glands gave evidence of a dyscrasia. Magnesia sulph. 6x caused the complete disappearance of the verrucæ in one month.

Aubert reports in the *Revue de Thérapeutic* for April the case of a woman whose face was covered with warts but there were none on her hands. He gave her a drachm and-a-half of the sulphate of magnesium daily and, after a fresh crop of warts had come out, they all disappeared in a month and a half. Roux also reports a case where large and numerous warts disappeared in fifteen days after the administration of the drug daily.

IODOL IN EAR DISEASES.—Iodol will be found an excellent substitute for iodoform in topical applications to purulent affections of the ear. It may be best used by triturating with an equal quantity of boracic acid. It is inodorous, much to be preferred to iodoform and in its use more rapid progress will be observed than in the use of the latter drug. There will be found occasionally, among the chronic inflammations of the middle ear, a class of cases, however, in which so large a proportion of mucous mingles with the discharge that powdered applications of

any description are worse than useless. The mucous discharge, instead of dissolving the powder, simply saturates it and the whole dries into a hardened mass which requires undue force to dislodge it. In such cases I use in the external auditory canal a pellet of absorbent cotton saturated with Eucalyptol (one drachm to the ounce of petrolina). The scent of the drug is agreeable and entirely overcomes any odor from the otorrhœa.

ARSENICUM IODIDUM.—In the memoir of Dr. Thomas Nichol, in the *New England Medical Gazette*, will be found a report on the use of Arsenicum iodidum in diseases of the eye.

The orbital group is very scanty, for, so far, the drug has only produced weakness of the eyes with burning pain, with a feeling as if lachrymation would set in; and Hering gives, as additional indications, "smarting about the eyes; secretion from the Meibomian glands; coryza." Hale was the first to recommend it in *chronic scrofulous ophthalmia;* and Dr. W. H. Bigler, of Philadelphia, has used it with marked success in scrofulous ophthalmia, with tendency to ulceration of the cornea, in the great number of cases occurring in the eye-department of the dispensary connected with the Homœopathic Hospital of Philadelphia. Dr. Bigler considers that the remedy has a range almost identical with that of Arsenicum album, with the addition of the more pronounced iodine dyscrasia, and he furnishes the following excellent indications for its use: "The patient is ill-nourished, but not necessarily emaciated, with the pale, pasty complexion, and hard, distended abdomen, so characteristic of a scrofulous diathesis. The skin easily becomes sore from a trifling wound or hurt, remaining red and irritable for a long time, but without suppuration. The red and shining skin around the hard and brittle finger-nails seems constantly to threaten the formation of a panaritium. The glands of the neck are swollen, but not painful. The eyelids, most frequently the upper ones, are œdematous and swollen, and are spasmodically closed on account of the intense photophobia, which also compels the child to hang its head, or to bury its face in the nurse's lap or arms. The tarsal margins are tumefied and red, and become excoriated in consequence of the acrid discharge. Lachrymation on endeavoring to open the lids is generally very profuse and excoriating. The injection of the ball is not, generally, very intense, but is deep seated, as in all corneal affections. The phlyctenulæ are on the cornea, or on the limbus corneæ, and tend to break down into superficial ulcerations. If these phlyctenulæ are confined to

the conjunctiva, the remedy is rarely indicated. There is also, as in Arsenicum album, an acrid watery discharge from the nose, excoriating the nostril and upper lip. The child seems to suffer more from itching of the lids than from pain, for it will violently rub its eyes with its fists, with evident relief, for a time, of the symptom that caused the action. Add to these a fretful restlessness, night and day, and we complete the picture of a case of scrofulous ophthalmia that will most probably be benefited by Arsenicum iodidum. I use the third decimal in water, a tablespoonful every three hours, for days or weeks at a time, without aggravation, and without anything to induce me to go higher."—*Penn. Hom. Trans., 1880.*

The writer's experience has been solely in its use in blepharitis, with red, tumefied and excoriated lids. Very obstinate cases with crusts about the nose and upper lip and swollen lymphatic glands.

COMMENT AND CRITICISM.

REPETITION OF THE DOSE.

The following letter from Carroll Dunham on this important question has been kindly furnished us by Dr. Butler, and will be read with interest by every Homœopath:

107 Fourth Ave., New York,
January 12, 1876.

Dear Doctor.—I wish that I could give you some rule for "repetition of the dose," but I cannot. It seems to me that patients differ very much as to the duration of good effects of a dose, and this, whether the disease be acute or chronic, and whether the potency be high or low. If you will read Hahnemann's Organon (new edition just out, translated by C. Wesselhœft, M. D., and far superior to the former editions), you will see that he advises to repeat sometimes once a week and sometimes *every five minutes.* If the case be a severe acute one, likely to run a rapid course, and, especially if I see the patient *early*, I repeat at short intervals, sometimes as short as every ten minutes, until some effect is produced, and then cease. For example, a patient came in from a long drive with chill and congestion of lungs. I gave Aconite 200 every ten minutes for an hour. Then chill was over and respiration free. From experience with this patient, for many years, I an confident that I aborted a case of bronchitis. I never shall know whether one dose would not have done as well, but think it would not.

Where it is not reasonable from the nature of the case to expect

a speedy effect, and where the symptoms are not urgent, I give a dose once in 12, 24, 36, 48, 72, etc., hours.

Many patients, in acute and chronic ailments, find, for themselves, the duration of action of a dose and tell me: "I begin to get worse after so many hours, and then a second dose sets me improving again." The *number* of hours differ in different patients, though the disease may be the same.

Not long ago (three months) a young doctor came for a prescription for renal colic; pains very severe, paroxysms frequent, twenty or thirty per day, lasting from twenty to forty seconds. Had had it many months; only slight relief from remedies. I selected Berberis, and advised a very high potency—one dose—then wait twenty-four hours. If not at all better, to repeat. If *better* or *decidedly worse*, not repeat. He took Berberis 41m. (Fincke.) Was a little better next day, still better second day, pain not felt on fourth day, and has never had a twinge since! This is an extreme and unusual case. You see I cannot give you any positive rule, and do not think it a matter of prime importance. The selection of remedy (the *single* remedy), is the great matter, next comes the potency. Yours truly, CARROLL DUNHAM.

DR. C. W. BUTLER, Montclair, N. J.

Editor Advance.—For the benefit of some gentlemen in the State of Michigan who do not recognize any difference between the results of the two great schools of medical practice, and who violate every principle of right and justice by refusing to admit "physicians and surgeons of the homœopathic" belief into the charge of state asylums, I copy a minor editorial which appeared in *The Chicago Times* on the morning of June 9th (while the American Medical Association was in convention in this city). Two days before *The Times* led a furious attack upon the defenders of the "old" code for refusing to consult with physicians of so called irregular schools, and warned the gentlemen about to assemble that any hostile legislation would be absolutely useless. It says:

> At the Chester (Illinois) penitentiary, where the medical practice is of the allopathic kind, the percentage of time lost by sickness is four times as great as it is at the Joliet penitentiary, where the prisoners are doctored on homœopathic principles. *The Times* states this as a fact, just as it would state any other fact. The convention of "regular" physicians will probably furnish an explanation to it.

Stating this as a fact, "just as it would state any other fact," is amusing.

Let some of the intelligent people of Michigan read the "fact" in the pages of THE ADVANCE and tell, if they can, *Why it is a fact.*

Some genius will arise to call it "an inexplicable coincidence," and for his especial benefit I take the trouble of republishing it. Is this not rubbing it in? HOWARD CRUTCHER.

CHICAGO, June, 1887.

EDITORIAL.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."—HAHNEMANN.

"HOW TO SUCCEED AS PHYSICIANS."—The leading article in this issue, by Dr. James B. Bell, of Boston, should be read by every homœopathic physician. His plea for the elevation of the profession, and especially for the elevation of Homœopathy to the purity of Hahnemann's standard, will benefit every reader, and without any apology we ask for it a careful perusal.

* * *

THE AMERICAN INSTITUTE.—The late session was well attended, the discussions harmonious if not instructive, and the sectional plan of work fairly successful. If any adverse criticism be made, there was too much time occupied in reading the papers in full, especially the papers of absentees, and, as a consequence, too little devoted to practical discussion. This was soon seen, generally acknowledged, and promptly corrected for future sessions. In the Bureau of Clinical Medicine, the etiology, pathology, and differential diagnosis of the "Diseases of the Kidneys" were exhaustively given; in fact never excelled in the history of the Institute. These model papers will tell us how to make a correct diagnosis even if they fail to help us cure our patients.

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But what shall we say for the emasculated Bureau of Materia Medica, the distinctive feature of our school? Shorn of its legitimate duties, the proving and reproving of drugs, its members have been compelled to make the best shift possible. Its papers on "Sleep: Its Abnormalities and Therapeutics," were very interesting and well received, but should have been promptly sent to the Bureau of Clinical Medicine, where they properly belong. This was not the fault of the Bureau, but of the Institute which delegated the legitimate duties of the Bureau to the Permanent Committee on Drug Proving. This committee has become exceedingly scientific (?). Instead of the prom-

ised provings, the Institute is each year regaled with the difficulties attending the effort to obtain provings on the new plan, and each year the Institute appears to be entirely satisfied with the statement and the repetition of the old promise. How long this farce is to continue, no man knoweth.

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THE WOMEN'S HOMŒOPATHIC HOSPITAL ASSOCIATION OF PENNSYLVANIA is at present attracting considerable attention in the medical circles of the City of Brotherly Love, on account of the attempt of the Board of Managers to enforce the rules of the Hospital, which exclude the use of crude drugs as palliatives. The objectionable rules are the following:

No medicines, except strictly homœopathic potentized remedies, shall be allowed for use in the dispensaries or in any department of the Hospital.

The use of alcoholic liquors in any form will not be allowed in the dispensary or any department of the Hospital.

In 1884 Mr. Charles Reed very generously gave $40,000 for the erection of a *homœopathic* hospital for women, and on October 15, 1884, the corner-stone was laid, the late Dr. H. N. Guernsey delivering the address. In this address he voices not only his own sentiments and convictions, but the wishes of the generous donor as well, that this was to be strictly a HOMŒOPATHIC HOSPITAL, and these rules were formulated accordingly. Yet, in spite of these regulations, the rules were violated, and when remonstrated with by the President of the Board eight of the nine lady physicians resigned in a body, and their resignations were promptly accepted. The reason given for this action was "interference with professional opinion by the lay-members of the Board." After the resignation an overhauling of "the closets and out-of-the-way corners reveals vials of castor oil, carbolic acid, quinine pills, ergotine pills, morphia, one-sixteenth grain pills and a bottle of pills compounded of belladonna, strychnia, quinine and hyoscyamus." We think it time these physicians resigned, if this is what they were palming off in a homœopathic hospital as Homœopathy.

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One of our esteemed cotemporaries, in commenting on this action, assumes that "the Board being presumably ignorant of what constitutes Homœopathy, may be excused." Oh, no, not for that reason! We had the pleasure, a few weeks ago, of a personal interview with several of these ladies, and we found them very far from "ignorant of what constitutes Homœopathy." So far from being ignorant, if the Professors of Materia Medica and Practice in some of our homœopathic colleges understood the philosophy of the science as well, very few of their students would go forth armed with the hypodermic syringe. We wish every homœopathic physician in the land could distinguish the genuine from the spurious as quickly as some of the members of the Board, and for one we render them our grateful thanks for their decisive action. Would to God that morphine and all other palliative drugs were banished from every homœopathic hospital in the country.

This may not be a "shot that will ring round the world," but it is a grand step in the direction of right, of justice, and of truth that will not soon be forgotten.

WHAT THEY SAID.

Dr. C. G. Higbee (St. Paul):

"Three years ago I was called to a lady in the third month of gestation; she had the appearance of suffering from wounds or injuries from which there was no relief. I learned that when this lady was four years old a brute of a man had committed rape upon and nearly killed her; of this the husband knew naught and the lady had but a faint remembrance. Here was a mechanical obstruction to gestation of years duration. All my efforts were directed to aiding nature, to relax the constricted organs and tissues. Local application of hot water was freely resorted to over the bladder and uterus, and as injections in the vagina and rectum. Also appropriate medical treatment. It is my very good fortune to record that the uterus was relaxed and raised above the brim of the pelvis, that gestation went on to term, and I delivered her of a male child that is still living."

Dr. Phœbe J. B. Waite (New York):

"If women were tobacco users we should insist upon total abstinence from that poisonous weed. But without being themselves

voluntary users of tobacco, hundreds of delicate wives are victims to this pernicious habit in others, living and dying, begetting and bearing children in an air loaded with the fumes of this vile drug, to the misery of their own lives and the permanent detriment of their offspring. It is little less than absurd to expect prophylactic remedies to overcome the influences of such glaring evils, which should be met and regulated by hygienic care on the one hand and husbandly care on the other."

Dr. T. L. Brown (Binghamton, N. Y.):

I secured a very important case, many years ago, and through this one case a number of others were brought to me. I never knew until months afterwards how I happened to be selected. It was this way: One night, at quite a late hour, I was called to see the family of a prominent New Hampshire official temporarily staying in our town, and to whom I was a perfect stranger. After I had discharged myself, and quite a while afterwards I learned that as soon as this gentleman found that he required a physician, instead of asking the landlord of his hotel, or appealing at some drug store for the name of a doctor, he took a carriage and drove to the house of the postmaster. "I want a doctor," said he. "Tell me which one of the doctors of this city takes the largest number of journals?" The postmaster referred him to me. As the gentleman was leaving the house he said to the postmaster: "A man who takes the journals of his profession is well read and up with the times; and that is the doctor I want to treat me and my family."

Dr. A. C. Cowperthwaite (Iowa City, Iowa):

The Homœopathist too often makes of sleep too prominent a condition, and forgets that it is only one of a group of symptoms which together makes the totality. Often all other symptoms are ignored and, as sleep is so greatly to be desired, and is so pleaded for by the patient, the physician's efforts are put forth solely to accomplish that purpose. If, under such circumstances, one or two of the most prominent remedies for sleeplessness do not produce the desired effect, he is too apt to begin at once tampering with the bromides or valerian, or some other hypnotic in material doses, thus bringing discredit upon the system which he pretends to practice, but which he fails to understand. This may, in most instances at least, be avoided if all the symptoms which are associated with the sleeplessness were carefully weighed and a medicine selected that would cover their totality.

Dr. J. A. Biegler (Rochester, N. Y.):

I always look for an aggravation from Phosphorus in thirty-six hours. I have a case of typhoid fever where, by the stools, the

aggravation of the fever in the afternoon and other symptoms, Phosphorus was indicated. As I expected to be here, I told the young man who is taking care of my business during my absence: "I have given Phosphorus; that is a remedy that must not be interfered with, neither must it be repeated. I expect the temperature to rise inside of thirty-six hours, then there will be a fall." And so it has proved. The temperature first fell to 101° but ultimately reached 103⅘°. It was very easy to see that the patient was worse. But the remedy was not interfered with. The next morning the temperature was 99⅛°, and from that time on the patient has been steadily recovering.

Dr. B. LeB. Baylies (Brooklyn):

In a case of strangulated hernia, for which I operated, I desire to state that some hours after the operation the patient was in a profuse sweat, very rapid respiration, small pulse, thirst for small quantities of water, intense thirst all of which unmistakably pointed to Arsenicum. I gave one single dose of the cm. and in a short time, within a few hours, the shock had passed over, and the following day the reaction had been complete. The general condition was good, except an indication for Colocynth—sharp, cutting pain in the left iliac fossa, for which I gave a single dose of Colocynth 45m. That removed that symptom, and after that the bowels moved for the first time, and recovery took place rapidly.

Dr. H. E. Beebe (Sidney, O.):

Man, a child of Nature lives, moves and has his being at the bottom of a vast ocean of vital air that is susceptible to great variations in its tides and currents. All need its life-sustaining properties. This ocean and its phenomena are a complex study; besides the many elements of life, it contains swarms of microscopical living organisms, hardly out-numbered by those of the watery sea. Death and eternal silence would reign over all the earth if it were deprived of the atmosphere surrounding it. It is truly the breath of the planet and is the principal agent in Life's laboratory. * * * Health resorts are apt to be the last resorts of both patient and doctor. * * The patient should seldom leave home unless able to care for himself. The American physician does not study climate and health resorts as his European brother does. * * * It is doubtful if any climate could cure or permanently benefit tubercular phthisis in the second or last stages.

Dr. Selden H. Talcott (Middletown, N. Y.):

The habit of too early rising is one of the saddest and surest means by which insanity may be acquired. One of the most striking differences between civilization and savagry, between the environments of organized society and the freedom of the forest,

is this enforced habit of too early rising on the part of the young: to this habit we may justly ascribe many of the unfortunate experiences of youth, and many cases of early insanity of resistive melancholy, of abject dementa have arisen from this deplorable cause. The free and lazy subject gets up when he gets ready, and rarely or never becomes insane. The habit of early rising is enforced most vigorously among those who live in farming communities. And it is a well-known fact that farmers and farmers' wives become insane more readily and more numerously than do the members of any other class of the general population, while some have ascribed the prevalence of insanity among farmers to overwork, to anxiety and to monotony of living, we think there is a possibility that this abnormal tendency to mental aberration among those who live in rural districts may be put down, in part at least, as a righteous retribution for robbing the boys of necessary sleep.

Dr. John V. Allen (Philadelphia):

I had a case of hives in a young horse. When I was first called I gave him one dose of the Sulphur cm. in the evening, and the following morning, along towards noon he was apparently no better. He was unmistakably in great agony; he was rolling, and rubbing, and biting, and kicking. He had rubbed the skin off in many places in great patches. They had tied him so he could not do himself much hurt. I then decided to give him a dose of Urticaria urens 1m., and the next morning the horse was tied simply with one rope, and he was allowed to lie down. The whole trouble seemed to disappear after the dose was given, and he got well right away, and was afterwards turned out to pasture.

EDITOR'S TABLE.

DR. FISHER, of Montreal, was the only member from the Dominion.

DIPHTHERIA.—Dr. E. B. Nash, of Cortland, N. Y., is preparing a new work on Diphtheria.

ERRATUM.—In July number, page 95, second line from bottom, the name of Dr. J. Hall, senior, should be substituted for that of Dr. Tyrrell.

PERSONAL.—Dr. James A. Campbell, St. Louis, Mo., has gone to the sea shore for a needed recreation. He will probably remain at Block Island, R. I., for two months.

DRS. S. A. BALL, of New York, and S. R. Dubbs, of Doylestown, Pa., were the only two members attending who were present at the organization of the Institute, April 10, 1844.

ORGANIZATION.—A new society has recently been organized at Brockton, Mass.,—The Plymouth Co. Hom. Med. Society,—of which Dr. Giles B. Dickerman, of Abington, is President.

WOMEN'S HOMŒOPATHIC ASSOCIATION OF PA.—The new hospital building at 20th street and Susquehanna Ave., Phila., is now completed and open for the reception and treatment of women and children.

DR H. H. CRIPPEN, from the New York Ophthalmic Hospital, formerly of the Bethlem Royal Hospital, London, England, formerly with Dr. D. J. McGuire of Detroit, has located at 33 Adams East, Detroit Mich.

THE following Ex-Presidents of the Institute were in attendance: Drs. D. S. Smith, Wm. Tod Helmuth, H. D. Paine, R. Ludlam, D. H. Beckwith, J. W. Dowling, J. C. Burgher, B. W. James, T. F. Allen, O. S. Runnels.

UNIVERSITY OF IOWA.—Since the publication of the Announcement, the Board of Regents have appointed Dr. J. G. Gilchrist Professor of Surgery, and Dr. C. H. Cogswell, Professor of Obstetrics and Diseases of Children.

WANTED.—At the Brooklyn Homœopathic Hospital, 109 Cumberland St., Brooklyn, N. Y., an Ambulance Surgeon. Apply at once to Charles L. Bonnell, M. D., Chief of Staff, stating references and time and place of graduation.

THE CALIGRAPH.—The ADVANCE desires to thank the American Writing Machine Co., of Hartford, for the use of a caligraph furnished at Long Branch and Saratoga, which rendered satisfactory service in getting out the Proceedings.

APPOINTMENT.—Dr. W. H. H. Jackson, of Oil City, Pa., has recently been appointed surgeon at that place for the Lake Shore and Michigan Southern Railroad. From his known ability this appointment will be sure to redound creditably to all concerned.

FOR SALE.—A well established homœopathic practice of $5,000 a year in a county seat of 3,000 population. Will sell office fixtures, medicines, instruments and a few books. No charge for good will. Will introduce successor. Reasons for selling: change of profession. Address at once Dr. W. F. GREEN, Miles City, Montana Ty.

ANNOUNCEMENT.—Prof. E. H. Pratt will give, prior to the opening of the Chicago Homœopathic Medical College, a preliminary course of one week, on Orificial Surgery. This course is designed solely for practitioners who desire instruction in this branch of surgery, in order to apply it in their own practice. For exact

those who would appropriate it exclusively to the method of Lister.

The reason for this appropriation lies doubtless in the fact that until Lister no one had offered anything which deserved the name of a method.

All that had gone before was but a struggle toward the thing which he attained. The earlier efforts were at best but fragmentary and incomplete, nor could they be gathered into a systematic whole because they lacked an intelligent scientific basis.

That Listerism is a method, no one denies. That it is based on scientific principles has been generally conceded. And yet, notwithstanding the high place which has been granted to it, the voice of the surgical world is by no means unanimous in making Listerism and antiseptic surgery synonymous terms.

There are those who think so wide a field as the antiseptic treatment of wounds cannot fairly be monopolized by any one arbitrary system, and that there is much which is quite outside the precise prescription of Listerism, but which nevertheless fairly deserves the name of antiseptic surgery.

All antiseptic treatment of wounds has been based in general on a belief that in some way or other the atmospheric air, either *per se*, or means of its contained particles, is the source of all putrefactive changes and wound accidents.

As to the precise method of this causation, authorities have differed.

The theory that the atmosphere acted by chemical means was probably the one most generally accepted, previous to the experiments of Pasteur to whom we are indebted for our present light upon the subject, and for the establishment of the fact that the air if pure would not cause fermentation nor putrefaction, but that these changes are caused by invisible particles in the atmosphere—these particles being the germs of minute animal and vegetable organisms. It is upon this fact that the germ theory of

putrefaction is founded, and here rests the basis of Lister's method and of all germicidal antiseptics.

Previous to the discovery of this principle Lister had struggled ceaselessly and fruitlessly against an enemy of whose nature he was ignorant. He had fought in the dark.

The new knowledge furnished a light in which the enemy stood revealed. Now he could adapt the means to the end. If the germs of living organisms in the air are the cause of putrefaction in wounds, then kill the germs, and first and last prevent their coming in contact with the wound.

But the discovery of the underlying principle was only one step toward the final result.

To perfect a method which should completely meet these indications, was the work of time, and Lister developed his work by successive stages.

At the first he made applications more complicated and less successful than those which he now recommends, and for years he gradually simplified the means which he advocated.

The employment of an antiseptic paste of chalk, the use of costly plasters to effect occlusion, metallic papers, carbolized oil, rapidity of dressing under compresses of carbolized oil or water—all these had in turn given him favorable results, but he achieved practical and complete success after he began to employ the antiseptic gauze and carbolized spray, according to the well known Listerian formula, which has so profoundly modified the surgery of our time, and which is, therefore, now so familiar that it need not be quoted here.

The reception with which it has met has undoubtedly varied, but certainly it has come to the whole surgical world with that tremedous appeal which belongs always to a discovery that offers relief for a desperate evil.

The eagerness with which Listerism was welcomed by the German operators, almost without exception, can be readily understood when we consider their woful confessions as to the condition of their great hospitals and their dreadful mortality lists, prior to the Listerian epoch; *e. g.*,

Nussbaum, in speaking of his own clinic, which he had controlled for twenty-one years, says:

"For decades Pyæmia had been a constant resident there. Almost all cases of amputation and compound fracture died of it; indeed the question was often asked how did one dare to operate in such a deadly place. In 1872 hospital gangrene set in, and by 1874 nearly 80 per cent. of wounds and ulcers were attacked by it. Erysipelas was to be found in almost every bed. A genuine *prima reunio* was never seen."

This confession is but one of many, and suggests a condition which was no exception to the general rule. It was to such a desperate condition that Listerism came with its promise of better things. And where it was received and obeyed, it seemed to fulfill its promise.

To quote again from Nussbaum:

"Those alone who witnessed the sad sight can appreciate the magic change brought to us by the teachings of Lister, for through it thousands have been saved who without it would certainly have succumbed to death. * * * Visit now my clinics, and you find the patients lying comfortable and cheerful in their beds: neither erysipelas nor phlebitis are to be found; gangrene is no longer dreaded; pyæmia has vanished; compound fractures heal without difficulty; amputation and plastic operations heal constantly per *primam intentionem.* The mortality record is reduced by one-half."

This, too, is but one of many similar testimonies to the wonderful transformation wrought by the new doctrine, and so overwhelming were the results, and so unanswerable the statistics of improvement, that for a time wonder and enthusiasm crowded from men's minds every other emotion, and in the first blaze of the new light it seemed as if the enemy was forever vanquished and the ultimatum reached.

Many surgeons adopted the new teaching at once and in toto, while others tested and accepted one detail after another, until gradually the method found its way into the practice of the most conservative operators.

The precise history of its acceptance by various leading surgeons, and the statistics of their increased success, is of great interest, but it is too long to find place here.

It need only be said that in the decade following its introduction such men as Keith, Spencer Wells, Cheyne, Shroeder, and Volkman were among those who used the system and gave testimony in its favor.

Especially was the advantage of the new method apparent in the increased success of certain operations which had previously given so large a death rate as to make them a terror both to surgeon and patient, notably the opening of the abdominal cavity and the opening of large joints.

In these fields a world of new possibilities seemed opened, and courage and success entered it hand in hand. Perhaps the most complete illustration of this success is seen in the statistics of the Scotch ovariotomist, Keith, before and after his adoption of the new method.

In the fourteen years before, the mortality from Keith's operations had been one in seven. After his adoption of complete Listerism he operated on eighty successive cases without a death. So far only success! But the history does not end here. Soon a significant fact appears. Here and there in the various surgical journals we begin to find recommendations of new and different antiseptic agents. Something to take the place of the lauded carbolic acid! Something better than this which was supposed to be the best!

Looking more deeply to see how and why this should be, we find these recommendations coming largely from men who have themselves thoroughly used and proved the Listerian method, and whose search for a new and better antiseptic agent is based on some positive objection to the carbolic acid; *e. g.*, it is reported in May, 1878, that in the University Clinic of Berlin, under Professor Langenbeck, the antiseptic treatment as advocated by Professor Lister is but partially carried out; and that it is only in exceptional cases that the carbolic spray is used, the thymol solution being lately employed, as far less irritating to the skin and free from the danger of carbolic acid poisoning.

We also read concerning Volkmann, of Halle, in December, 1878, that although he still used the carbolic acid for cleansing the skin preparatory to the operation, he substi-

tuted either thymol gauze or benzoated cotton for direct application to the wound, as being less irritating than the carbolic acid.

Yet eight months previous to this time Volkmann had been reported among those using the extreme Lister method.

Gradually this consciousness of danger from the use of carbolic acid became more clearly defined and more deeply felt, and soon found vehement expression in an article by Billroth, of Vienna, in his *Chirurgische Klinik.* He says:

"It is a peculiarity of many people to deny the existence of unpleasant occurrences which have not yet happened to themselves. There are many surgeons who deny that there is such a thing as death from chloroform. May kindly fortune long preserve to them this happy belief!

There are also many surgeons who do not believe that there is such a thing as death from carbolic acid, and yet the carbolic acid death is much more frequent than the chloroform death."

He then goes on to show that he has made a most painstaking and exhaustive trial of the method.

Thinking that the unfavorable results in some of his earlier cases might be due to possible impurity of his carbolic acid, he caused some to be prepared of chemical purity, but the results were the same. He then sent to England for a supply from the same manufacturer from whom Lister obtained his, but with only this difference: that the absorption was in some cases more rapid and the results more intense.

Then follows a record of cases of carbolic acid poisoning. First, those in which the symptoms, although of the gravest and most alarming character, had gradually yielded after the complete removal of the carbolic acid and the application of stimulants, and in which the patients fortunately were saved. Then five fatal cases, of which it need only be said that they form a clinical picture so uniform and so characteristic as to leave no room for doubt as to the real cause of death. Somnolence, vomiting, dark olive green urine, unconsciousness, death. So the record reads in every case.

He affirms that the danger does not lie in the spray alone, nor in the washing out of wounds, but that even the laying on of the dry Lister gauze is sufficient with many persons to produce an intense olive green color of the urine.

"In view of the above circumstances," says Billroth, "it may readily be understood why I should not be very enthusiastic for the antiseptic method, from which, thus far, carbolic acid is inseparable."

A little later we find from another quarter a similar recognition of the same danger.

Professor Bursh, of Bonn, in an address on "Carbolism," states that the attention of surgeons has of late been frequently directed to the deleterious effects upon the system of the absorption of external applications of carbolic acid. He speaks of the precautions which he has been accustomed to adopt on the appearance of the first symptoms of carbolism, yet says he has found that severe cases of a threatening or even fatal character may occur without any premonitions.

Then follows an account of a fatal case from his own practice, a case in which the operation itself was but the simplest—the opening of an abscess—and in which, owing to the tender age and leuco-phlegmatic habit of the patient, the washing out of the cavity with the ordinary five per cent. solution was omitted, and only a two per cent. carbolized spray was used, followed by the carbol-gauze dressing. Yet on the second day restlessness, nausea, vomiting, dark olive green urine, symptoms of collapse, small pulse, sinking temperature, followed by death, fifty hours after the operation.

Here is still another case which was reported at the meeting of the Clinical Society of London, May 13, 1881, where rapid death followed an osteotomy of the tibia in a rachitic boy of eight years. He passed through the operation well enough, slept through the night, and ate a light breakfact. At 11 A. M., however, vomiting and diarrhœa came on, and continued till evening, when collapse set in, followed by death, thirty-six hours after the operation.

Even Professor Lister himself, who presided at the meeting, agreed with the decision that this death was caused by carbolic acid, and reported the case of a lady who was seized with vomiting, which did not cease until the carbolic acid was removed and a boracic dressing used in its place. Another attempt to substitute the carbolic acid was followed by the same results.

These experiences and others like them prepared the way for the culmination of thought and expression on this subject which took place at the International Medical Congress for 1881, held in London during the month of August.

At one of the meetings Listerism was under discussion, and Professor Keith, of Edinburgh, was one of the speakers. It will be remembered that Keith has already been quoted as a warm disciple of Lister, and as illustrating by his remarkable success in ovariotomy more than any other surgeon the value of the Listerian method.

"On this occasion," says the record, "his few slowly uttered words had somewhat the effects of a bomb on the minds of his hearers: for he assured them that for several months he had abandoned the antiseptic treatment altogether.

It is true that he had eighty successive recoveries under the Lister method, which in itself was a wonderful showing; but out of the next twenty-five cases he lost seven. Of these, one died of acute septicæmia, in spite of the most thorough antiseptic precautions, and three of unquestionable carbolic acid poisoning.

He said that out of the eighty successful cases, many came too near dying; that a large number got a high temperature, 105°, 106°, 107° Fahrenheit the evening after the operation, 'but,' he said, 'they happened to pull through.'

He then said that for the past four months he had abandoned the antiseptic method, relied on perfect cleanliness, care in controlling hemorrhage, and thorough drainage, and his cases were giving him much less trouble, with more satisfactory results.

Then Professor Keith stopped for a few moments as if realizing that the whole world of surgery was awaiting his utterances. It was an interval of complete silence, but of intense excitement. He soon raised his head to his audience, saying, 'Gentlemen, I have felt it my duty to make these statements, for they are true,' and seated himself.

The Congress could have been no less surprised when Lister himself said in his address that he very much doubted whether in

the hands of a skillful, careful operator it were not better to dispense with the antiseptic plan, in consideration of the rapidity with which wounds of the peritoneum heal, and the remarkable absorbent power of that membrane, and its ability to take care of its own exudates.

A general discussion followed, and among the many exclamations in different tongues those of a German seemed prominent: 'Mein Gott! Listerism ist todt! Fort mit dem spray! Fort mit dem acid carbolique!'"

This general and public disparagement of carbolic acid seemed to give fresh impetus to the search for a substitute, and since that time a long succession of antiseptic substances has claimed the surgeons' attention. Iodoform, Thymol, Eucalyptus Oil, Bichloride of Mercury, Bismuth, Boracic Acid, Benzoic Acid, Salicylic Acid, Phenyle, Boroglyceride, Chlorinated Soda, Sulphuric Acid, Permanganate of Potash, and so on almost *ad infinitum.* Some of these, as Iodoform and Bichloride of Mercury, have been guilty of producing toxic effects, even in a fatal degree. Others have proved unsatisfactory in their power as germicides, and the end is not yet.

A careful perusal, however, of the surgical literature of the intervening years, and even up to the present time, shows a strong and steady tendency toward the abandonment of the Listerian formula.

The plea of the present is for "Principles not Paraphernalia."

This sentiment is echoed in a recent letter from Keith, which embodies, perhaps, his latest published opinion on the subject. He writes under date of March 16, 1886:

"The secret of abdominal surgery—the secret of all surgery—consists in carrying out the *antiseptic principle.* You may do this in a simple way, or you may do it in a complicated way. All instruments, sponges, etc., should be disinfected. A weak carbolic solution applied to the wound can do no harm nor good. You may safely use hot water.

I use a simple dressing of gauze, 8 or 10 folds, soaked in a 1 to 8 carbolic acid and glycerine. Over this some ordinary cotton wool, a flannel bandage, and nothing else. Use this and you will never use anything else, and don't look at it for a week or ten days."

Lawson Tait still continues his splendid ovariotomy rec-

ord—a series of 139 consecutive cases performed in the year ending May, 1886, and without a single death. Freedom from Listerian details is one of Mr. Tait's strong points, and the principles by which he attains his success are graphically suggested in the following letter, written by him March 15, 1886:

"I still use tap water, and nothing else. It is never boiled. My instruments are prepared by being washed in soap and water merely. I use no elaborate dressings for the wound, never using anything at all, except absorbent cotton wool."

Mr. Tait attributes his success to the following: The non-use of antiseptics; increased personal experience; increased attention to all the minute details; cleanliness and discipline in the hospital.

Mr. Savory, senior surgeon at St. Bartholomew's, the largest of the London hospitals, rejects the antiseptic treatment and relies upon cleanliness alone.

Bantock, of the Samaritan Hospital, operates without the spray.

Holmes, at St. George's, discards the use of antiseptics, except in diseases of the joints.

Hutchinson, at the London Hospital, also works without Listerism.

Dr. Bryant, of London, writes:

"I am as yet no convert to the theory on which Listerism is based, nor to the great value of the special practice based upon it."

Wm. Tod Helmuth, of New York, says:

"Antiseptic surgery, as we now regard it, is being more thoroughly investigated and improved, while the details of Listerism are being gradually abolished."

B. F. Betts, of Philadelphia, says:

"What I desire is that we should strive after cleanliness, without the necessity for the employment of germicidal agents within the peritoneal cavity, as the toxic effects of such solutions must weigh against the recovery of the patient. Both the carbolic and sublimate solutions deprive the peritoneal layer of some of its epithelial covering, and so conduce to the formation of those adhesions between contiguous surfaces which lead to fatal results in some cases."

Another Philadelphia surgeon says:

"Medicine, like most other sciences, has been retarded in its growth by the accumulation of all sorts of useless details. Some of these incrustations still clog the advance of abdominal surgery, and will be given up with a notable diminution in the percentage of mortality. I refer to the use of carbolic acid and mercuric solutions at the operating table, and to the continued use of any elaborate abdominal dressing.

The use of antiseptics within the peritoneal cavity is full of dangers and inconsistencies; for the reason that if used in a strength sufficient to certainly prevent sepsis, the patient is very often killed along with the germs."

Notwithstanding the fact that the best opinion of the present time seems to be so unanimously against these things, the literature of the new year contains a single voice on the other side, which, for the sake of fairness, should find place in this summary.

The Board of a Boston Maternity Hospital is but now congratulating itself upon the recent introduction of the most extreme antiseptic precautions into its service, and the improved results which are already manifest therefrom.

The details of this new departure are too numerous to be fully quoted here, but include the most rigid disinfection of the hands of all attendants, as well as all instruments and utensils; also the bedding, clothing, and genitalia of the patient, in all of which the bichloride of mercury plays an important part before, during and after labor. The following fact alone is sufficient to suggest the freedom with which the drug is used. A vaginal douche of the mercuric solution is employed at the beginning of every labor, and a second is advised at the close of the first stage whenever circumstances permit.

One cannot help wondering if the benefit derived from this practice is sufficient to compensate for the physiological inconsistency of carefully removing just at the critical moment the whole supply of vaginal mucus which nature has provided as a lubricant for the advancing head!

And more than this, the practice seems to imply a strange unconsciousness of a danger which is now well established and clearly recognized, viz., that of toxic effects

from the free and frequently repeated use of this potent drug.

There seems to be a happy trust in the minds of its employers that when it is used as an antiseptic it will confine itself to antiseptic action.

This is stated with keen sarcasm in an article from the *Homeopathic World*, called "Mercurius Corrosivus in the hands of the Allopaths":

"The discovery having been made that this substance is one of the most powerful of all destroyers of living organisms, it was at once dubbed the antiseptic par excellence, and carbolic acid being at the time not a little discredited because of its frequent and sometimes fatal toxic effects, corrosive sublimate came rapidly to the front. 'Antiseptic' was its name, and the idea that it could do any thing more than act as an 'antiseptic' did not appear to have occurred to the allopathic mind.

The scientific having decided that it was an antiseptic, it would really be impertinent on the part of the drug to do any thing else than 'antisept,' the idea being that when an agent is *used* as anything, it must do that same thing and nothing else."

Such is the inference, that the action of a drug depends on what it is "used as," and not on its own inherent properties.

And now the new antiseptic agent, mercurius corrosivus, is behaving in the same unseemly way as its brother germ-destroyer, carbolic acid.

It was most irritating to have the unruly substance behave as it had always done, and not as it was expected to do by the antiseptic surgeons.

These offended dignitaries could hardly believe their experience at first, and the *Lancet* published in February last an editorial note on what it thought fit to term "*Alleged* Dangers in the use of Mercurius Corrosivus as an Antiseptic Agent."

As a proof that facts are stronger than theories, and that the alleged danger has later become authenticated, even to the mind of the *Lancet*, we notice that in October, 1886, that periodical contains a report of thirty fatal cases from the use of bichloride of mercury as an antiseptic.

It seems a significant fact that this same report of thirty

fatal cases, "mostly in parturient women," should be quoted in one of our own journals of precisely the same date as that other one, which records the recent introduction of the dangerous drug into the obstetric service of a Boston hospital.

Happily, however, the assurance comes to us at the same time from another quarter:

"Regarding bichloride of mercury, it is sufficient to say that its use has been very much curtailed in all maternity hospitals, even as a vaginal wash; the danger line here is a very broad one, depending on that most variable of all factors, the individual susceptibility."

Seeing, therefore, by the testimony of many witnesses that the prevailing opinion and practice in high places tends more and more toward a disregard of those minute and elaborate details which were for a time considered of such vital importance, it would be of the utmost interest to understand the theoretical position of those men who reject Listerism and its equivalents, and whose success has so brilliantly vindicated their practice.

Probably in many instances no such theory has been formulated, the use and subsequent non-use of the method resting on purely empirical grounds.

But not so with all. Fortunately for us some have theoretically defended their position, and the key-note of this defense is found most clearly and concisely stated in the writings of Tait who says:

"For my present purpose it is enough for me to assume, as I do most fully, that the germ theory has been completely substantiated, and that no known process of putrefaction does occur save by the admission of resting spores or swarm spores of some of the many minute living organisms which are invariably associated with putrefactive changes. But concerning this, there is another constant position associated with these phenomena. The materials upon which the experiments have been made, of infinite variety of kind and constitution, have all been *dead*, and no one has yet pretended that by the admission of germs to living matter he has produced the phenomena of the putrefactive changes which constantly result in matter which is dead.

It will, therefore, be seen that the application of the facts of the germ theory of putrefaction to the phenomena of diseases of the living tissue, is met at once by an overwhelming difficulty.

Granting that the same germs which would inevitably produce putrefaction in a dead infusion of beef are constantly admitted to wounds, there is not the slightest particle of evidence that they do produce any change whatever upon living tissue.

The difficulty, therefore, is that what we call vital action, for want of a name based upon a better understanding of what it is, places living tissue in an altogether different category from tissue in which the phenomena of life are no longer present.

Now, this is consonant with every-day experience. If a decaying hyacinth bulb or a rotting apple be examined, the presence of the minute forms of life is found to be absolutely confined to those parts where the changes have been effected, while those parts to which the rot has not extended are found absolutely free from them. And the difficulty of the adoption of the germ theory is simply this: that its advocates have assumed that the invasion of the germs is the cause of the decadence of the vital phenomena, and the ultimate death, while there is the alternative still undiscussed and certainly undismissed, that the decadence of the vital powers due to some cause possibly yet unknown, is that which gives the germs the potential ascendency, and enables them to do what during full vital action they were wholly unable to accomplish."

While this theory is, as Tait himself says, "undiscussed," it nevertheless bids fair to remain "undismissed," for this reason: It accommodates itself to two obstinate facts.

First.—The fact that marvellous results have been and are constantly attained without any of the special precautions supposed to be necessary by the advocates of the Listerian system—without spray, carbolized solution for sponges and instruments, or protective carbolized gauze—in short, without any effort to exclude or kill the omnipresent and omnipotent germ.

Second.—The fact that in numberless instances the most rigid application of these same details and precautions has been absolutely powerless to save the patients from death by septicæmia.

Yet both these facts are utterly at variance with the Listerian theory, for if that were true, then every slightest wound would give ample scope for the deadly germ, nor could any non-"antiseptic" surgery hope for success. And, moreover, if it were true, then perfect Listerism would be omnipotent against septicæmia.

But, on the other hand, if it is not true, how are we to explain the marvellous success which followed upon its introduction, and which seems to have resulted from its use?

Concerning ovariotomy Tait and Bantock believe the explanation to be found largely in the fact that the introduction of Listerism was contemporaneous with the abandonment of the clamp, and the adoption of the intra-peritoneal method of treating the pedicle, and that this, rather than Listerism, was the cause of the increased success.

In other fields it is reasonable to question whether the improved results are due to the *antiseptic* action of the substances used, or to some other action.

It is amply shown that these substances are not, and cannot be, confined to their germicidal sphere, and it is also well known that in their drug action many of them have a direct curative relation to wounded tissue.

Moreover, it is admitted that carbolic acid in its local application tends to prevent inflammation and suppuration by virtue of its inhibitory power over the white blood corpuscle.

It therefore remains to be proved whether the improved results are due to the germicidal, the curative, or the antiphlogistic properties of the so-called antiseptic agent.

But above all, and more than all, in every department of surgical work it becomes us to acknowledge *cleanliness* as the most potent source of our present success; and the lasting glory of Listerism will be the part it has played in teaching us this lesson. Therefore we must not forget the debt of gratitude we owe to this same combination of elaborate details, for while not in itself the ultimatum, it has yet proved of inestimable value as the means by which advanced ground has been reached. It seems to have been an essential factor in the educational process by which the present stand-point has been attained. So desperate and difficult a task is it, to teach mankind that absolute cleanliness, which is indeed "akin to godliness!"

Listerism, with its manifold washings and cleansings and anointings, reminds one of the old religious cere-

monial of the Jews, and seems to have served an analogous purpose.

And now that we have caught its spirit, and have been lifted by it to a new and better standard, why should we cling longer to the cumbersome scaffolding by which our present height has been reached?

And if this is a vital question to surgeons of other schools than our own, how much more vital is it to us, since in the adoption of this clumsy warfare we either neglect entirely or render impotent our own finer and surer weapons.

Not that the two distinct fields of medicine and surgery can ever be made one; not that the law of "Similia" even, can render surgery unnecessary; but rather that Homœopathy has a field in surgical conditions—a field in which theoretically it is recognized, but practically it is ignored.

For is not the principle of Homœopathy ignored, and its efficacy denied, when with the internal administration of the potentized remedy, outward application is also made to sensitive, absorbent surfaces of other and cruder substances, the relation of which to the internal remedy has not been considered, and which may even be antagonistic to it! And as a result of this confusion of forces, the finer is overwhelmed by the grosser, the remedy fails to act, faith in its power is lessened, and dependence on external measures increased.

Precisely at this point it is in the power of Listerism and the usages resulting from it to hinder the ultimate application of Homœopathy to the great field of surgical diseases.

For all such dependence on external and material means must result in a corresponding lack of that earnest research which still is necessary for the development of our therapeutic resources in relation to surgery.

It is a significant fact that with the great and growing literature of our school we can show but one volume devoted to surgical therapeutics. Yet this one volume is in itself a reproach and an appeal, suggesting, as it does, what might be done if the patient attention of all surgeons

should be more steadfastly turned in this direction. Gilchrist, its author, in his earnest preface, touches a keynote which ought to serve as an inspiration to this end. He says:

"When the great Valentine Mott felt compelled to apologize to his class, that he was obliged to perform surgical operations from want of therapeutic knowledge, it was supposed that certain conditions which then made a truly formidable catalogue would always demand instrumental treatment.

Even now the list is large enough, but the truer physician cannot avoid a feeling of pride in comparing the list of curable surgical diseases of to-day with that of half a century past. To still further shorten this list and hasten the time when a surgical operation for the cure of a morbid affection will be justly considered a confession of ignorance and incapacity, all true Homœopaths will gladly lend their aid."

Listerism, followed materially and literally, must tend to delay this time and arrest the development of our surgical therapeutics. But stripped of its grosser details and grasped as a principle, the soul of which is ideal cleanliness, it furnishes a most favorable soil for the growth and perfection of Homœopathy in surgery.

MATERIA MEDICA.

THE MERCURIES.*

A LECTURE BY PROF. E. A. FARRINGTON, M. D.

MERCURY has long been known to the Arabs, from whom, it is said, the Moors brought it into Spain. Paracelsus had the honor, however, of introducing it as an officinal medicine.

Its history is but a sad repetition of many other powerful and valuable medicaments, which have been abused greatly to the detriment of humanity. Its poisonous effects are destructive to health and even to life. A long and

* The ADVANCE is indebted for the above lecture to Dr. E. Fornias, of Philadelphia, who was a private student of Professor Farrington, and possesses a number of his manuscripts.

painful train of symptoms follows its excessive administration.

The several preparations with which we have to do, are:

1. Mercurius vivus (quicksilver).
1a. Mercurius solubilis (a black oxide with some nitric acid and ammonia).
2. Mercurius dulcis (Calomel). Hg Cl.
3. Mercurius corrosivus, Hg Cl.
4. Mercurius aceticus.
5. Mercurius cyanatus.
6. Mercurius protojodatus (yellow iodide). Hg I.
7. Mercurius bijodatus, (red iodide). $Hg I_2$.
8. Mercurius præcipitatus ruber (red precipitate).
9. Mercurius sulphuricus (sulphate of mercury).
10. Cinnabaris (sulphide of mercury).

Generally stated, there is metallic taste, gums swollen, tender, dark red; tongue swells, breath fetid, increased saliva, which is rich at first but becomes watery and contains fat. Salivary glands become swollen and painful and later stomacace sets in, progressing even to sloughing and caries of the jaw. Individual susceptibility and certain diseased states modify the mercurial symptoms. Thus, children are not easily salivated, neither are those who are suffering from some inflammation; but if scrofulous, symptoms will soon develop. Body wastes, blood becomes impoverished, less fibrin, albumen, etc., and has a fatty material; fever sometimes with pustular eruption; tremor worse in upper extremities extending all over; sleeplessness; loss of memory, delirium, headache, even convulsions; ulcers form on legs. Skin all over is brownish. The tremor of Mercury at first looks like chorea, later like delirium tremens, or like paralysis agitans.

Mercury attacks the entire organism, but its primary action is in the vegetative sphere. Here it increases absorption and also the secretion of the glands everywhere. Both the quantity and quality of these secretions are changed. They become increased, thinner and more fluid, acrid and excoriating, oily, as in the sweat; thus differing from Hepar and Conium with their thickened secretions.

And, also, from Euphrasia in ophthalmia, which gives a very similar picture to Mercury, but with thick, acrid pus instead of thin, acrid pus.

These changes are wrought by a lessening of the plasticity of the secretions and by the actual substitution of minute particles of mercury in the place of the displaced plastic materials. It is, therefore, more than a poetical license to speak of the mercury in one's bones. The albumen of the blood escapes through the kidneys, and thus we have albuminuria. Mercury has been found in the blood, urine, saliva, and in every tissue, even in the fœtus, and urine of infants whose nurse took the Mercury.

Mercury, at first, according to Kaspar, causes by its stimulating action an excitation amounting even to inflammation and suppuration. This is followed by torpidity and weakness even to exhaustion. These various remarks show just where Mercury stands in inflammations. It follows Belladonna, and stands parallel with Hepar, Arsenic, Lachesis, Silicea, and Sulphur.

In erethism it resembles Belladonna, and Arsenic, and thus far is opposite to Lachesis and Silicea. It differs from Belladonna and Hepar in that it is only applicable *after pus has formed.* And it differs further from Belladonna because it acts on the sensorium secondarily to its changes in the vegetative sphere. So it may *follow* Belladonna in a cerebral affection, but never *precede* it. And, we must also have decisive symptoms of the glands, nutrition, state of gums, etc., hence, the *general* value of the mercury symptom so often quoted as a key-note "scorbutic gums." Silicea is its substitute when pus discharges and refuses to cease. And Sulphur may be needed whenever Silicea fails. Arsenic resembles Mercury because it causes erethism with destruction of tissue, (opposite to Lachesis, Carbo veg., etc.) formation of pus, etc. Both Mercury and Arsenic are excellent in pyæmia.

The changes wrought in absorption and secretion necessarily lead to a retarding of nutrition, emaciation, laxity, skin and mucous membranes earthy or pale. Tissues spongy, especially the gums. Tendency to hæmorrhage.

Bone diseases. The blood loses its plasma and the tone of the vessels themselves is depressed. Hence the pulse is frequent but feeble, or slow and soft. These forms of pulse are very characteristic.

The congestions and inflammations give place later to hyperæmia and stases, with exudations. These venous stases, owing to the impoverished fluid blood, readily lead to cellular infiltration or dropsies. Associated with these nutritives changes is an erethism, which sometimes seems to mask the depression and produce an appearance of increased strength.

Secondary to these phenomena are the nerves: depression, restlessness; lack of motor power, the motions are tremulous like paralysis agitans. Loss of speech, dysphagia, etc. The mind suffers from irritability, mania, and, finally, imbecility. The neurilemma (as a parallelism with the periosteum) may be inflamed, giving rise to neuralgiæ, notably aggravated by changes in the temperature and atmospheric humidity. So, similarly, the spinal membranes may be attacked, and we have thus a valuable remedy in spinal meningitis, myelitis, etc. (If syphilitico-mercurial, consult symptoms of Kali hyd.; also, Sulphur.)

Upon serous and fibrous tissues, Mercury acts so as to cause secretions; as in the joints, serous cavities, sheaths of muscles, under the periosteum, etc. Hence, its utility in articular rheumatism, pleuritis, peritonitis, periostitis, etc.

The liver is enlarged by Mercury, and often, from incomplete reproduction, fatty liver results. (Compare: Picric acid, Aurum, Nitric acid, Phos., etc.) Many of its hepatic symptoms are due to a catarrh of the duodenum, extending into the hepatic duct.

Mercurius, then, is to be thought of for patients who have a tendency to mucous and bloody discharges; to suppurations; to enlarged lymphatic glands; who are erethistic, who are anxious, restless, especially evenings, with fear of loss of reason; irritable; desire to flee, with nightly anxiety, and whose manner and speech is hurried. Ebullitions with trembling on the least exertion.

Dyscrasiæ: syphilis; soft chancres with lardaceous bases and increasing rapidly in breadth and depth, tending to become indolent, spongy and to bleed. Circumference red and edges puffed. Pustular syphiloderms.

Mercurius cor. is to be substituted when the local inflammation is very severe, with serpiginous ulcers, threatening the destruction of the penis; pus stains linen looking like melted tallow. Arsenic comes in here when the phagadenic inflammation persists with danger of gangrene. (See also Lachesis.) Nitric acid also develops phagadenic chancres, but with irregular edges, exuberant granulations and bleeding from least touch.) It is far superior to Merc. sol. in syphilis of mouth and throat, hence to secondary syphilis.

Merc. jod. and bin. jod. are to be preferred for the genuine Hunterian chancre.

Cinnabaris is the form of mercury needed for sycotic excrescences; small, shining red points on glans; small ulcer on roof of mouth, tip of tongue, etc.

Coral rub.: chancres, which are very red and sensitive, with yellowish offensive discharge.

Jacaranda: prepuce inflamed, raw, bleeding, yellow pus from the inner surface of prepuce; chancres.

Nux vomica, according to Dunham, for chancroids shallow, flat, spreading irregularly without lardaceous base, exuding thin, serous fluid.

In bone pains, etc.: Mercurius, Nitric acid, Hepar (after abuse of Mercury). Stillingia (great torture from bone pains and nodes). Kali jod. Aurum (caries of bones of skull, nose and palate). Asafœtida (caries with much soreness to touch). Kali bich. (nose and throat). Hecla lava. Corydalis (nodes on skull). Phytolacca (long bones).

Nasal catarrh: Mercury, Nitric acid, Kali jod., Kali bich., Hydrastis (bloody; also salivation); Aurum.

Exanthemata: vesicular and pustular eruptions; hence in pustular itch. Variola with suppuration or pyæmia. It follows Ant. tart. in variola, especially when suppuration progresses, and the secondary fever develops. (Com-

Mouth: salivation, sore, spongy gums aggravated at night by touch and by eating; teeth loose. Ulcers on gums, cheeks and tongue with acrid discharges; irregular circumference; have white dirty look and bleed easily, and are surrounded by dark halo. Opening of Steno's duct affected. Profuse bloody fetid saliva. (A common form of stomatitis. Compare Nitric acid which, according to Dunham, is more like the syphilitic form.) Hydrastis: mucus long, shreddy; mucous membrane raw, dark red; very weak; empty at pit of stomach. Carbo veg.: gums white and bleeding. Staphisagria: gums pale; whole system run down; face sunken, sickly, blue around eyes. Mercurius corr. is very like the solubilis only more *intense.*

Toothache, teeth hollow or dentine inflamed, aggravated by warmth of bed, damp air and at night.

Stomach: Dragging feeling about stomach after a meal; qualmish; epigastrium very sensitive and weak. Upper abdomen bloated, worse from touch and from lying on right side. Canine hunger. Insatiable burning thirst. Nausea and sweet taste. Liver enlarged, *painful to least contact or lying on right side.* Stinging pains. Jaundice. Sweat stains yellow.

Stools slimy, bloody, or green, bilious, sour and acrid making anus sore. Prolapsus ani when straining; it looks dark red and bloody. Tenesmus continues after stool; a never-get-done feeling. Cutting, griping, stabbing pains in abdomen worse at night and in cool evening air; but better while lying down. It is often useful in enteritis, peritonitis, typhilitis, metritis, after pus has formed. Staphisagria also has the feeling of relaxation. Mercurius cor. has, says Dudley, often cured dyspepsia from chronic gastric catarrh; distension, sore epigastrium (like Arsenicum). It is certainly excellent in enteritis and peritonitis when there are sharp pains (like Bryonia), griping, colicky pains, forcing double, (like Colocynth) burning, distension, anguish, excessive tenesmus vesicæ and recti, with worse burning than Mercurius sol. Ringer employs Mercurius dulcis in children who have pale, clayey, pasty, stinking stools. The liver symptoms of Mercurius sol. are

excellent. Cinchona stands near it in jaundice. So does Leptandra, but here the soreness of posterior of liver, black, tarry stools and cessation of tenesmus after stool, distinguish.

In dysentery, compare also Thrombidium; brown, morning stools, bloody or not; violent colic; mucus and feces, much drawing, which is ameliorated after stool. Very sore pains in abdomen. Nux, also, but in this the tenesmus is ameliorated after stool. In typhilitis: compare Belladonna, Lachesis, Ginseng, in prolapsus ani. Podo. Thrombidium, Nux, Ignatia, etc.

Urine: frequent and scanty often followed by mucus, dark, offensive or pale and abundant. Mercurius cor. causes Morbus Brightii, albuminous urine, uriniferous casts, backache, dropsy, cough with blood-tinged mucus and tightness of chest, as in Phos. Dyspnœa (in catarrh, etc., Mercurius aceticus has cutting with last of urine). Desire sudden, irresistible.

Sexual organs: Genitals, either sex inflamed (excellent during measles, scarlatina, etc.). Gonorrhœa: discharge yellow, green, worse at night. Mercurius cor. has more burning, tenesmus, paraphimosis, etc. Cannabis sat. has thick and yellow discharge. Orchitis often from checked gonorrhœa (useful after Gels., Tussilago, Puls., Hamamelis, Nux vomica, if checked discharge was green). Penis is swollen, with phimosis; bubo. Sweat on genitals, parts raw. Phimosis. Ill effects of masturbation with usual Mercury symptoms (like Staphis). Bloody semen.

Bubo: Mercury, Merc. jod., and bijod., Mercurius cor., Ars. jod. (tends to ulcerate or discharge ichorous, burning). Badiaga (indurated bubo, spoiled by opening). Carbo animalis (indurated).

Menses: Copious, with anxiety and cramps. Congestion to uterus. Labia swollen, red, shining. Leucorrhœa acrid and contains lumps of pus.

Cough so cannot utter a word. Cough as if head and chest would burst. Cough worse from night air; burning in chest. Pains through lower part of right lung. (Useful in pneumonia with erethism.) Stitches in left chest

(Lachesis and Lycopodium). Stitches in chest, sneezing or coughing as in catarrh. Difficult breathing as from copper vapors.

Mercurius sulph. is a remedy in hydro thorax, when a copious watery, burning diarrhœa relieved. Great dyspnœa; must sit up. Legs œdematous. Burning in chest.

Mercurius praecip. ruber has cured suffocative fits at night, on lying down, while falling asleep, must jump up suddenly. (See also Kali hyd., Lachesis, Grindelia, Lactuca, Kali bich., Sulph., and Sepia.)

Peculiarities: Symptoms aggravated after getting warm in bed; in wet, damp, weather; in the damp evening air, especially catarrh. Thus the dysentery is frequently caused by cold nights following hot days. (Like Aconite, which it follows well.) Sweats on least exercise. Pains never improved by sweat. (In typhus fever with this symptom look rather to Stramonium [children], and Phos.) Mercury is often useful as an intercurrent to "spur up" Sulphur.

I wish now to revert to the throat symptoms, that I may pass under review the Mercurial salts in their application to diphtheria, scarlatina, etc.

Mercurius sol. is not often indicated in true diphtheria. Indeed, it generally aggravates. It may be given in scarlatina angina, general symptoms agreeing. Dr. Raue lays great stress, and justly too, on the soreness and inflammation of the genitals as a complication. (See Cantharis.)

Mercurius jod. is said to follow Lachesis when fauces are blue-red, ulcerated, glands enormously swollen, voice lost.

As already hinted, the solubilis cures tonsilitis after pus has formed. Also dry throat, mouth full of saliva, must swallow continually. Stitches into ears on swallowing. (Phytolacca). Liquids return through the nose. Much mucus in the throat, necessitating hawking. Throat worse on swallowing drinks and saliva.

Mercurius cor. has swelling of the throat to suffocation, heat as from a glowing coal. Soft palate and throat ulcerated; raises clots and membranous pieces. Membrane over throat and into nose. Constriction and burning. Uvula

elongated. Pillars of velum palati dark red. Swallowing causes violent spasmus glottidis and even spasm of œsophagus and stomach (like Cantharis). Externally throat is enormously swollen and glands are large. Breath fetid; adynamia; face expressing great weakness and suffering.

Mercurius cyan. has won deserved laurels in diphtheria; fauces red with difficult swallowing; a white coating on velum palati and on tonsils. Glands swollen. Posterior nares and larynx were found, in a case of fatal poisoning, coated with mucus. In diphtheritic croup, general symptoms agreeing, it is a good remedy. In addition to above we have: *great weakness*, fainting, heart beat and pulse weak. Fever heat or skin blue and cold; tongue coated yellow at base (see Merc. prot. jod., but in Merc. cyan. we have in addition) edges red, and later, gray membrane; later it becomes dark, almost black-coated. Profuse epistaxis [a dangerous symptom, suggesting, also, Crotalus, Lachesis, Carbo veg., Merc. jod., Arsenic, Sulphuric acid, Nitric acid, Muriatic acid.] Ulcers covered grayish-white, Thin, fetid, excoriating (like Arum tri.). Gangrene. Paralysis following diphtheria (like Gels., Ars., etc.).

Mercurius proto jodatus is useful when the membrane is worse on right side. Throat very red (reminding one of Belladonna, but with) constant secretion of mucus and thick, tenacious saliva, which he must constantly hawk, amelioration from warm drinks. Cervical glands swollen. The *tongue is always coated on its base, thick, dirty yellow.* Faintness. Tired all over; hence, weakened by the poison. Pulse weak, irregular. Dr. C. Neidhard, and others, declare it and the bin-jod. useless in true diphtheria. If the above symptoms are present, it is certainly the remedy for the time. If it fails to relieve in sixteen to eighteen hours, select another. It is often serviceable in scarlatinal angina.

Mercurius bin-jodatus, differs in affecting more the left side and in not having so well defined the yellow base to the tongue. Feels worse on empty swallowing.

Cinnabaris causes dry throat at night, must moisten it

every time he awakes. Much dirty, yellow mucus in the posterior nares. Dr. Williamson used it in scarlatina.

Nearly related to the Mercuries is Phytolacca, throat dark-red, swollen, feels full as if he would choke; much mucus in throat and posterior nares causes hawking. Pain and aching in neck, back and limbs. Weak. Faint on rising (like Bryonia). Shooting into ears when swallowing. Cannot drink hot fluids. Feeling as of a hot ball in throat. Also Lachesis, and Lycopodium.

SALICYLIC ACID: ADDITIONAL PROVING.

(On the 15th of June I began a proving with Salicylic acid, as you requested. Not venturing to expose myself to any very serious action of the drug, having had a sufficiently troublesome experience of its power in the 10th potency, I only took a small part of a drop of the 30th, repeating the dose four times at intervals of about two hours. Here are the results which I observed for twenty-five days after, when I started on a vacation trip, from which I did not return until Friday, July 22.)

PROVING.

FIRST DAY: 2:30 P. M.—About fifteen minutes after the first dose, a burning and scratchy feeling on the tongue. Drawing pain in the calf of the left leg, extending up into the thigh, and then transferred to the left arm. Later, a similar pain for a short time back of the right temple.

4:30 P. M.—Nervous excitement after gentle exercise of walking.

6:30 P. M.—Pain in the knuckles of the right hand.

6:45 P. M.—Third dose.

8:45 P. M.—Fourth dose. During the night, pain on the top of the head, in one spot, as if struck by a hammer.

SECOND DAY.—Swelling under the skin of fingers on both hands; with a burning itching on the inside of the left hand. Itching on the back, below the jaw bones, and under the chin. The rheumatic pains feel worse when walking out doors.

THIRD DAY.—After a good night's rest, awake dull and nervous, with a ringing in the ears, especially the left, and a fullness in the head. Dizziness. Pain in the bones below the left eye, as if bruised. Rheumatic pains in the upper and lower extremities continue. Nervous headache characterized by a bruised feeling in the head (not aggravated by exposure to a very hot sun). General lassitude and weakness, worse in doors, relieved in the open air. Stoppage of the ears, especially of the left. Much sexual excitement.

FOURTH DAY.—Dull headache on the left side of the head. Feel very uncomfortable and indisposed to any exertion, mental or physical. Difficulty in voiding urine—it flows slowly and seems less in quantity. Pain in the sinews of the left forearm, extending into the third and little fingers, followed by a tingling sensation. Pain in the left inferior maxilliary bone; the parotid gland is painful when touched by the finger, affecting the inside of the throat. Burning pain in the inside joint of the right thumb. Scratching sensation in the left side of the throat. After lying down in the afternoon, stiffness and aching in the muscles of the back along the spinal column. The morning headache, better during the day, is aggravated in the evening. Palpitation of the heart. During the night following, an unconscious, profuse and somewhat bloody discharge of semen (or prostatic fluid) staining the linen a brownish color, and followed, on awaking, by a pain in the genitals, as if overstrained.

FIFTH DAY.—Headache, continuing during the night, better in the morning. Tedious and insufficient stool. Headache returns in the afternoon, on the right side. Pressive pain in the forehead, above the right eye. Itching of the left upper eyelid. Itching of the skin after undressing; better in bed. Sexual excitement, more physical than mental. Very restless at night, longing to sleep, with inability to do so.

SIXTH DAY.—During the night, rheumatic pains in the lower limbs and feet. A kind of burning sensation in the ball of the great toe. On awaking in the morning, pain in

the right shoulder, as if from a strain, continuing some hours. Still some headache, with a dull, bruised feeling in the right side of the head. During the day all symptoms disappear, returning again in the evening. Itching of the head, with feeling as if the hair stood on end.

SEVENTH DAY.—Awake during the night, with stiffness in the back, so as only to be able to turn with difficulty. Severe pressing pain in the lower abdomen and bladder, without urging to urinate, and only small discharge. In the morning, stoppage of the ears returns. In the afternoon, a sharp, stinging pain in one of the toes of the right foot. In the evening, sore feeling on both sides of the lower jaw, under the tongue.

EIGHTH DAY.—During the night again some stiffness in the back, although not as bad as last night. The small toes of both feet ache, and also the fingers.

NINTH DAY.—The rheumatic pains and headaches have disappeared. Itching pimples here and there on the body; one on the right cheek.

TENTH DAY.—The eruption continues. After removing some ear wax from the left ear, pain and feeling of stoppage.

ELEVENTH DAY.—Stoppage in both ears, early in bed and after rising. Eruption continues, red pimples here and there; and small whitish ones, the latter in groups, itching and filled with water. In the evening, feeling as if I had taken a long walk.

TWELFTH DAY.—Pain in the groin, as if from a strain, on the right side. Constriction in the anus shortly after stool. Much flatulence in the evening. Hacking cough, with scratching in the throat and hawking up small pieces of thick, yellow phlegm, with occasional sneezing and discharge from the nose. Boring pain in the left eyebrow, the place tender when pressed. Pain above the left side of the forehead, directly changing to the left ear.

THIRTEENTH DAY.—Much difficulty in voiding urine in the morning on rising. Itching in the anus, and ineffectual attempt at stool. Six hours after, slimy, insufficient stool. When coughing, pain in the groin. Pain in the

muscles of the middle of the back, with stiffness. Much itching, especially over the breast and stomach. Burning and feeling of dryness in the eyes. Aching in the left collar bone.

FOURTEENTH DAY.—No special new symptoms noted, except stoppage of the ears when walking out, relieved by drawing breath strongly through the nostrils, yet almost instantly returning. Sexual excitement. (Coition about once in two months).

FIFTEENTH DAY.—During the night, again amorous dream, with bloody emission, followed by erections in the morning. Dull feeling in the head and oppression on the chest. Sometime after moderate physical exertion, palpitation of the heart, with intermittent pulse. Pulse continues somewhat higher than the regular beat (62), running up to 74.

SIXTEENTH DAY.—As for several days past, much audible rumbling in the bowels, and a feeling of dryness, with itching, in the nostrils.

SEVENTEENTH DAY.—During the night much voluptuous itching of the skin. On scratching, a pimple appears in the place; the itching is relieved by scratching, with, sometimes, a burning of the skin after it. Soreness at the right corner of the mouth. Eruption between the fingers of the right hand; little watery postules that itch violently.

EIGHTEENTH DAY.—A. M.: Bitter taste in the mouth, with tenacious saliva, hawked up with difficulty. Dull feeling in head and general oppression. After mental labor and nervous excitement, great nervous prostration. On lying down to rest, cough, as if occasioned by flow of mucus from the eustachian tubes into the throat, which causes a scratchy feeling. A nervous headache seems imminent, but does not come.

NINETEENTH DAY.—After having eaten some salad at dinner, suffer from weight and oppression of the stomach for several hours (could formerly eat salad without inconvenience). The cough seems to return every afternoon from 3 to 5 o'clock. In the evening, pain and discomfort

in the bowels, aggravated by pressure. Flatulence, with inability to expel it. Itching and burning in the inner corners of the eyes.

TWENTIETH DAY.—Free from pains all day, but gloomy and depressed; don't know what to begin. General lassitude; feeling as if I had walked a long distance. Not much itching of the skin during the day; the eye symptoms return in the evening, with severe itching on the toes of the right foot.

TWENTY-FIRST DAY.—Group of little itching vesicles on the little finger of the left hand. Bloated feeling in the bowels toward noon.

TWENTY-SECOND DAY.—Continuance of eruptions.

TWENTY-THIRD DAY.—Eruption worst on the left arm, from the wrist to the elbow joint and above; single small itching pustules; the skin becomes rough when scratched. Catarrhal symptoms continue; a burning sensation in the throat after a very plain supper.

TWENTY-FIFTH DAY.—The eruption has disappeared. No other special symptoms except fits of frequent yawning several evenings in succession.

REMARKS.—The proving seems to have established the fact that Salicylic acid is a powerful antiseptic. A lady of my acquaintance, after I had given it to her for bad nervous headaches a year or two ago, and had derived considerably benefit by taking it persistently for several weeks, became affected with an eruption of the skin. I have also read that its external application to ulcers and sores has proved beneficial, and that it has been successfully used in inflammation, if not ulceration of the breasts. Near the close of my first proving with the 10th, I had several pustules on my face and head, but took no particular notice of them; it requires a higher potency, I think, to bring out the psoric symptoms. Probably provings of a lower potency than the 5th would develop little or nothing—as in the case with Natrum mur. and other drugs. Salicylic acid is freely used in many parts of the country as a preservative for fruits and vegetables without cooking or boiling, and it is claimed that no injurious effects result.

ATROPA BELLADONNA.

J. A. WAKEMAN, M. D., Centralia, Ill.

An energetic, narcotic poison. Extravagant delirium followed by sopor; causing death by coma.

Antidoted by strong black coffee and Camphor when only small doses have been given.

Vegetable acids aggravate the pains of Belladonna. Aggravation comes at 4 P. M., also after sleeping.

Hahnemann believed implicitly in its prophylactic powers, as a preventive of the smooth, glossy, scarlet fever as described by Sydenham, and recommends the smallest dose to be given at intervals of six or seven days. He also speaks of it as useless in the *purple-rash*, often mistaken for scarlet fever, where Aconite is the indicated remedy, and sufficient to cure ordinary cases.

A great, good remedy: especially useful in the diseases of women, children and young persons of mild temper, blue eyes, blonde hair, delicate skin and red complexion.

Belladonna pains come suddenly, increase in severity until they become unbearable, and then as suddenly subside or pass off altogether, perhaps to appear in some other part of the body, and are attended with a drawing up, or together; for instance, pain in either side will cause the patient to draw in the side affected, and incline the head and shoulders over to the side so affected. These crampy pains are generally experienced during sleep, awaking the person affected; but Belladonna pains and symptoms, like Lachesis, are aggravated after sleeping, by contact, and often much worse by motion.

Sleepiness, with inability to sleep, waking with vacant stare, and fright, and tossing, in brain affections. Frightful dreams; fatigue in the morning on waking; coldness of the hands and feet; pale or flushed face; and pale around the mouth and nose in young children.

Affections from exposure to a current of air,—such as stiff neck, catarrh or prosopalgia; vertigo as if the head was going around, or down through the floor. Belladonna pains are usually of a throbbing character, with a sense of

coldness followed by heat; or the pains in the brain begin with a sense of heat and end in coldness, with a flushed or very pale face.

Watery vesicles around the mouth and lips when produced by colds. (If caused by fevers Natrum muriaticum is best.)

Never saw good results from Belladonna in pemphigus; but Cantharis has promptly cured my cases with the characteristic indications.

Belladonna causes dilatation of the pupils, photophobia, bright halo around the lamp, sparks like electricity; objects seem double, wrong side up, or look red; and the eyes roll convulsively in a circle in cerebral affections.

In erysipelas, with a smooth red shining swelling—when vesicular, Belladonna has never benefited my cases; here Rhus tox. is the remedy which is useful in painful suppurating glandular swellings.

Sleeplessness when occasioned by the thoughts of business, often seen in typhoid fevers, is usually relieved by this remedy; but it is usually given in too low a potency to get its best effects. Patient often wakes in a fright and breaks out in a profuse perspiration which dries off in a few moments; they kick, stamp, toss about, scold, strike, bite, and may spit in your face. Noise and light are painful to them.

The child sleeps on its mother's breast, but wakes if laid down.

Cephalalgia: pains usually over the eyes, obliging him to close them; throbbing aggravated by noise, light and leaning the head forward; relieved by tight bandage around the head, firm pressure, and leaning the head backward; may be in the top or sides of the head; or in the occiput as the following case will show:

A lady, aged 25 years, had violent pain in the occipital region, pulsating and extending to the right orbit, with intolerance of noise, light and motion; could not rest the head even on a soft pillow; chill one hour after the attack, followed immediately by vomiting,—both chill and vomiting recurring every twenty minutes. Surface cool and

moist, but not profuse sweat. Belladonna 15th centesimal, five globules in two ounces of water, one teaspoonful, cured in twenty minutes.

Coughs: when child will cry while trying to suppress it, finally coughs and seems more comfortable; the cough is frequently worse after twelve o'clock at night.

Bronchitis: "Those insiduous cases in young children, which commence with a slight wheezing, and then suddenly become aggravated to such a degree as to threaten suffocation;" bronchial tubes are clogged with mucus. Here it affords prompt relief and saves the patient. Have seen many cases, and on two or three occasions have been called in to find my little patient dying, and parent not even alarmed.

Typhlitis: it has done me much good in this disease with tender and tympanitic abdomen, throbbing in the ileo-cœcal region, patient even fearing to have the bed touched.

Abortion threatening, attended or not with flooding, but with convulsions; a good remedy, and acts promptly.

I had a case where there was no hæmorrhage; pain started in lumbar region, passed around over the hips, down to the pubes and uterine region; thence shot upward to the stomach and head, when a general convulsion instantly occurred. The os was dilated to the size of a silver quarter, and the patient at the fourth month of gestation. Belladonna 15th, one single dose cured the case within an hour, and lady went on to full term.

For rigid os, in the early stages of labor, it is a remedy that will seldom disappoint my young friends if their experience corresponds with mine. The os uteri feels as smooth, hard, and unyielding as an ivory ring, and labor can never be terminated with it in this condition, no matter what may be the severity of the pains. Here Belladonna 3d has always been used by me (I never tried the higher potencies which might have done better,) and the requisite dilatation almost never fails to occur in from two to four hours.

I wish, as briefly as possible, to detail a case, also illustrating the action of this remedy:

Mrs. W., in labor, with her thirteenth child, eight months advanced in gestation, I found the following conditions and symptoms: A large woman, aged 40, and supposed her child had been dead for two weeks; uterine tumor was unusually high up in the epigastric region; very large head, and presenting none of the inequalities of the child's surface; very tender to the touch; and lady "so distressed" by the sense of weight and extreme distention that she could not be out of bed, and could only rest upon the back with shoulders elevated. Labor pains, *she had none*, but an "awful pressure," with much flooding, pulse small, feeble, faintness and usual distress from loss of blood. The os not dilated, feeling precisely like a three quarter inch rope, its inequalities corresponding exactly to those of the strands of the rope; in consequence of anterior obliquity, it was found high up in the hollow of the sacrum, and was with much difficulty brought to its proper position in the pelvis.

Suspecting a case of placenta prævia, I gave Belladonna 3d, and prepared myself for turning or applying the forceps as soon as sufficient dilatation took place. Four hours after giving the first dose of Belladonna, I was called suddenly, and found slight labor pains, which were increased a hundred fold by my finger hooked in the mouth of the uterus, (which was now soft with ample dilatation) at the same time trying to bring it into its proper axis; membranes gone; the child advanced with each pain, which followed each other in quick succession. I soon had the satisfaction of feeling the anterior lip slip over the occiput of the child, and one or two pains only were necessary to complete the labor. Immediately following the expulsion of the dead and putrid child, nearly three quarts of coagulated blood was discharged, but patient made a good recovery.

The *N. A. Jour. of Hom.* says that the extract of Belladonna applied to the whole extent of the areola surrounding the nipple in inflamed breasts, threatening the formation of pus, will often prevent it. It is soothing, relaxing, and dries up the milk so suddenly that abscesses do not form.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia. EDITOR.

TETANUS AND NERVE STRETCHING.—The "bacteria craze" has lately included tetanus in the list of "germ implantation" maladies, but a case occurring in Chicago recently would seem to give cold comfort to this theory. Such an operation as is described below has been made in Europe, but there have been few, if any, in this country. The case is reported in the *Chicago Inter-Ocean* (July 20, 1887), and the name of the operator not given, but as it seems well authenticated, we give a synopsis:

"John Kelleher, a foreman in the employ of Crane Bros., ran a rusty nail into his foot, about an inch back from his big toe, on May 20. He washed the wound out with cold water, tied a piece of cotton over it, and in a day the foot was comparatively well again, the nail having just punctured the skin. Yesterday morning he complained of a sore throat. When the physician, whom he had called upon to consult, asked him to open his mouth, it was discovered that his jaws refused to perform their functions. The man was removed to his home, No. 54 Wright street. An hour later the tetanic grin set in, and it became apparent that extreme measures had to be resorted to. A consultation was held, and Mr. Kelleher was put under the influence of ether. The sponge had barely been applied to the sufferer's nostrils when the initial tetanic convulsion displayed itself. He jumped from the operating slab and made a mad rush for the window. His jaws were set, his eyes protruded, and he fought with a frenzied strength which the combined efforts of four men could hardly overcome. Again he was given the anæsthetic, this time with better effect. The lance was then taken in hand and an incision four inches long and three inches deep was made an inch and a half behind the hip-bone. The sciatic nerve, which lies to the rear of the ball-and-socket joint, was then exposed. Here a strong metallic sound was passed beneath the nerve, and it was stretched downward from the spinal cord with a pressure of 175 pounds. The gash was then dressed with iodoform and antiseptics and sewed up. An incision three inches long was next made in the groin, the knife cutting downward past the femoral artery until the crural nerve was exposed. Here the sound was again used, and the nerve drawn down from the spinal cord with a pressure of fifty pounds. * * *

The moment that Kelleher left the operating table there was an instantaneous cessation of the tetanic spasms. The trismus improved rapidly. Five days after the operation the soreness at the base of the tongue had subsided. On the seventh day the antiseptic dressings about the incisions were removed. There was a complete primary union of the wounds without a particle of pus. At the end of ten days he could open his mouth completely, and deglutition was no longer painful. The condition of paresis, consequent upon the stretching of the nerves, rapidly disappeared, and for the past four days the patient has been up and about, partaking of and relishing the coarsest foods."

The *theory* of nerve-stretching has never been satisfactorily laid down; the operation has, for the most part, been made quite indiscriminately, without differentiating the cases, and the results have been correspondingly various. I have not seen a satisfactory explanation of the *rationale*, although there may be something that has escaped my notice. My own idea, based upon six or eight cases only, is something as follows: In spasmodic cases, we have irritation of the nerve involved, and the indication should be, it seems to me, to arrest, or even temporarily suspend conduction. Here we would require the maximum of stretching, just short of rupture. Such a lesion would be easily repaired. In paretic cases, with a lowering of nerve irritability, the minimum of stretching might be supposed indicated, the effect being a sort of stimulation. It would be an interesting clinical study to treat cases on these indications, and observe the results as given by a number of experimenters. As yet there are not sufficient data at hand, the cases of stretching being too carelessly reported. Of course pain would be equivalent to spasm, and calls for the maximum stretching. Assuming the case quoted to be authentic, the theory would receive some support.

MORPHINE injection to allay pain is the physician's certificate that he knows no better—a certificate of poverty which no one is willing to acknowledge.—*Widerhofer.*

WHEN intermittent fever has been spoiled, give Sepia and it will restore the original fever, ready for the proper remedy.—*Dr. H. Noah Martin, 1870.*

HISTORY OF A MAMMOTH OVARIAN TUMOR. SUCCESSFULLY REMOVED.*

EDMUND CARLETON, M. D., New York.

In these days of abounding ovariotomy, there is no longer either cause or occasion for detailing any but extraordinary cases. I have selected this one for that honor, and believe that by neglecting to do so, I should fail in the performance of my duty to the profession. So without further preliminary you shall have the facts; and after some brief comment on my part, please let me have the pleasure and profit of listening to your full discussion.

The case of Mrs. Schreiber, 158 Allen Street, New York, was brought to my notice, March 25th, 1886, by Dr. Wm. H. Krause. She is a widow, aged 57, and mother of three children. About three and a half years before she had noticed enlargement in the region of her right ovary, which soon became heavy and somewhat painful. About a year and a half later she felt something give way and then the swelling became symmetrical across her body [?]. Menses stopped virtually, eleven years ago, but there have been occasional slight discharges since.

The distension of her abdomen, when I first saw her, was so tremendous as to produce complete procidentia (reducible, however), and marked œdema of abdomen and lower extremities. Nates prodigiously swollen; breathing possible only when sitting, and then in short breaths only; ensiform appendix of sternum forced out to nearly a right angle with its natural position; umbilicus below the level of the chair seat when sitting.

MEASUREMENTS.

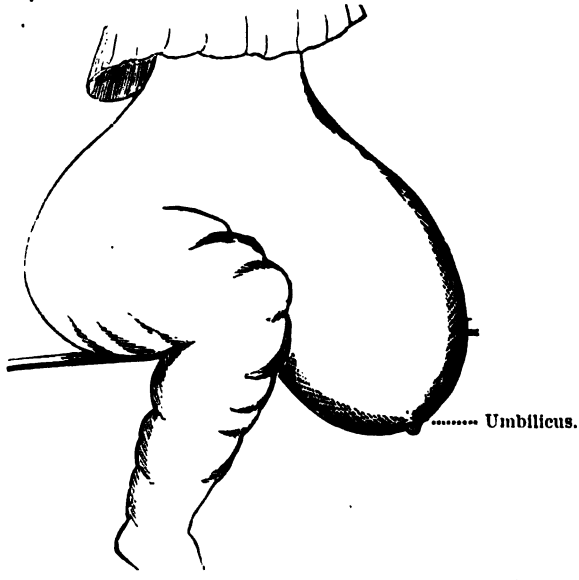
Circumference at umbilicus	65 1-2 inches.
Circumference at largest curve	66 inches.
Circumference at short ribs	53 1-2 inches.
Circumference largest, including buttocks	75 1-2 inches.
Umbilicus to pubes	13 1-2 inches.
Umbilicus to sternum	22 inches.

*Read before the International Hahnemannian Association, June 22, 1887.

The accompanying outline sketches by Mr. C. M. Cooper, artist, are accurate and give a good idea of the case.

A sample of the fluid was drawn and submitted to the analysis of Dr. Charles McDowell who pronounced it to be ovarian. Patient dreaded any and all mechanical interference, but finally consented to be tapped by aspiration.

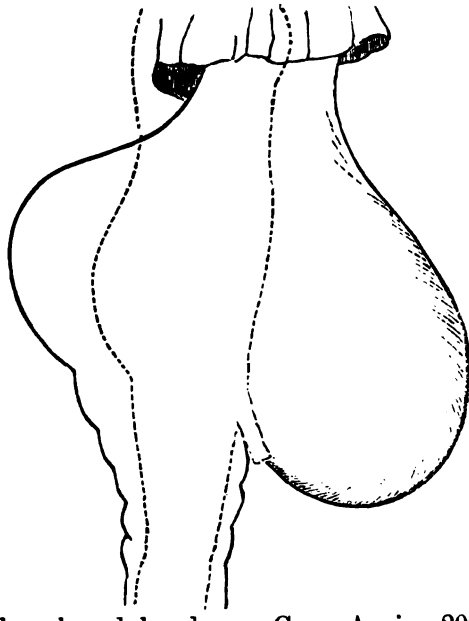
April 3, '86. This was done, Dr. Krause and Mr. C. W. Lyman, medical student, assisting. Removed 1,536 ounces of capacity, or very nearly 102 pounds. The weight-equivalent for that quantity in pure water would have been just 100.



Putting specific gravity at 1,017 and allowing for the amount withdrawn for test, the figures 102 are undoubtedly very nearly right. The fluid on the whole was clear and of uniform, limpid consistence, dark green or turbid, like fresh petroleum when seen in large amount.

The operation was uneventful. Patient grew slightly faint at times, swallowed small glasses of brandy, and sat throughout. One or two pailfuls were out before the extreme tension was abated, the procidentia became less marked, and some fluctuation in the enormous abdomen could be obtained by placing a hand upon the epigastrium.

The abdomen became more and more pendulous as the fluid was removed, and was supported partly by a broad bandage (which, however, dragged on the spine and caused pain,) and partly by manual assistance, by Dr. Krause and Mr. Lyman. Some compression was needed toward the last, to facilitate the flow. A medium sized needle was used, in the median line, about four inches below the umbilicus. The puncture thus made was afterwards closed with a strip of adhesive plaster; patient was put to bed; the collapsed abdomen gathered together in big folds and con-



fined with a broad bandage. Gave Arnica 200 in water. Forgot to restore the procidentia.

Dr. Krause called in the evening, and noticing cold skin and pulse 120, gave Veratrum album 30 in water.

April 4th.—We saw her together. She was better, but had some abdominal tenderness, with enlargement in the region of right ovary. The immense quantity of fluid which had constituted the dropsy of the nates and lower extremities, was very sensibly reduced already, in consequence of the removal of the obstruction to circulation.

Her face and upper extremities were throughout much emaciated, making the contrast with her mid-section in the first place most extreme. The procedentia had restored itself during the night, unconsciously to Mrs. S. Useless straining for stool, though we could discover fœcal accumulation; burning pain in rectum. Gave Mercurius dulcis 3.

April 5th.—Last night she slept several hours on her right side; then awoke and turned upon her back, which caused great pain and soreness. I gave Arnica 200 in water. When Dr. Krause and I together saw her to-day she was so much better that we thought it unnecessary to call again at present.

April 8th.—Cyst filling rapidly. The œdema of extremities, etc., mostly gone. Liver and spleen enlarged and tender (took quinine in St. Louis a few years ago.)

May 1st.—Dr. Krause has seen patient a number of times since we met last. The rough, itching skin, poor appetite, great thirst and imperfect reaction, led him to give Sulphur 3 in water for three or four days and then stop. This was speedily followed by abatement of the constitutional symptoms, and rapid diminution in the size of liver and spleen. To-day we saw her together, and found the cyst increasing in size. She consented to a radical operation in the near future. Her general health was constantly improving. No medicine.

May 9th.—Saw patient with Dr. Krause. Much improved in every way. Apparently nothing wrong with her liver and spleen. Arranged to operate the following week.

May 10th.—The operating room and adjoining parts of the house were fumigated with Sulphur.

May 11th.—All preparations being made and the patient having had no breakfast, at 10 A. M. Dr. Krause gave three drams of brandy with a small quantity of water. Her mind was calm. Dr. H. C. Brigham began to administer ether while she was lying in bed. She took the ether well to the amount of one and one-half pounds. When unconscious, she was placed upon the table; and the pubes was then shaved and the abdomen cleaned, first with soap and

water and then with alcohol. Dr. Krause took his place opposite me, to manipulate the abdomen and give general assistance. Dr. Brigham assumed the responsibility of producing anæsthesia. Dr. Howard had charge of the sponging throughout the entire operation, the carefully prepared sponges used being wrung from calendula and water, about 1 to 50. Dr. Euphemia J. Myers took care of the instruments, and prepared all ligatures. Mr. C. W. Lyman acted as general assistant.

An incision four inches in length was made in the median line, between the umbilicus and pubes through the much thickened abdominal walls, and the cyst was exposed without accident. The thickness alluded to was caused by the infiltration of serum; and ventral section, of course, allowed it to escape, thus causing us considerable inconvenience, until near the end of the operation, when there was no more to run.

By using a steel sound I learned that the adhesions were formidable enough, but probably not invincible; so I proceeded to break them as well as I could with sound and fingers. Then the cyst was about half emptied with a Spencer Wells trocar and tube, which permitted more free manipulation between the cyst and peritoneum. The latter was found to be generally adherent to the cyst, but no adhesions were found between it and the organs of digestion, or the bladder. Many of the adhesions were broken with comparative ease, while many others were so firm that it seemed almost impossible to detach them; but by perseverance with *thumb-nails* and hands, they were at last all conquered, even those as thick as my hand.

All bleeding points were promptly and successfully stopped with Calendula. The remaining portion of the fluid in the sac was disposed of as fast as the breaking of adhesions made it possible to get the cyst well out of the abdomen. This was finally entirely accomplished and the sac lifted out until the pedicle came in view, which was about four inches broad.

Fortunately it was quite manageable. Piercing it midway and avoiding the blood-vessels which were very large,

a double ligature of No. 7 braided silk was passed, and equally divided to either side, each half of the pedicle being tied separately, the remaining portion of each ligature being brought around the entire pedicle, tied and cut short. The ecraseur was used to amputate, leaving a stump one-fourth of an inch long. The wire of the smaller instrument broke; so we had to resort to the heavy chain ecraseur. Nothing but pure calendula was applied to the stump. The cavity of the abdomen was then sponged with calendula and water, and dried.

Search was made for the other ovary, and none being found it was concluded that both were involved in the cyst. While taking stitches a sponge was left at the base of the cul-de-sac, with a string attached, passing outside at the lower angle of the wound; and a flat sponge was kept beneath the line of incision to catch the drip coming from where the stitches were passed through the peritoneum. Eleven deep silver sutures and three superficial silk sutures were used. Before tightening any of them, the sponges were removed and counted. After the sewing a compress of soft cloth was laid on and a bandage applied about the waist.

First incision was made at 10:40 A. M. Patient was put in bed at 1:26 P. M. with hot bottles to feet. She rallied well without vomiting. Vinegar was used to antidote the ether.

Upon examination, the cyst was found to have been multilocular, starting originally from the right ovary, but grown in time to include the other, in a single cyst. One portion which did not blend its contents with the general sac, was removed entire. It contained a limpid, watery fluid of amber color. The fluid in the general cavity was thick and of a rich chocolate-brown tint, quite opaque. Its specific gravity was 1.018 1-2, and of this latter, 43 pounds, were drained away into a wash-tub placed beneath the table, or 5.06 gallons. These values, and those obtained after the first operation, were estimated with the help of Dr. H. M. Baker, of the United States Laboratory, who also found the fluid to be strongly albuminous and fibroid

under alcohol. The portion of the cyst removed entire, as above stated, together with the emptied sac weighed four and a half pounds. The shape of the unemptied part was that of a gizzard, or a tomato, six by five inches in its lateral dimensions and three inches in thickness. The total removed in both operations, 102, plus 43, plus 4½, plus some fluid accidentally lost on the table, may then be safely put at 150½ pounds.

AFTER THE OPERATION.

May 11th.—Her daughter served as nurse. Dr. Krause saw her at 7 P. M. and found pulse 122, temperature 103⅘, restless and thirsty. He gave her Aconite 3 in water every half hour, and water to drink *ad libitum*. At 9:30 P. M. Dr. Krause and I met. We found pulse 114, temperature 102⅕, skin moist, reaction kind. Catheter used, also every six hours thenceforward as long as needed. Aconite 30, hourly.

May 12th.—At 1:30 A. M. Dr. Krause found pulse 104, temperature 101. About 3 A. M. the patient awoke with a start. There seemed to be a sudden, sharp shock all through her, the mental and physicial effects of which passed gradually away. At 7:30 A. M. we met. Pulse 108, temperature 101, bright red tongue, rather dry. Upon my touching the right wall of the abdomen very lightly, she started and shrieked with pain, which she said went through her, across from right to left, sharply and quickly. This, and the 3 A. M. aggravation, and location of the pain lead us to prescribe Kali carb. 200 in water, a teaspoonful every two hours until improvement should be noticed, and then stop. At 9 P. M. pulse 116, temperature 101. The peculiar symptoms gone; vomited twice chyle smelling strongly of ether. So we put a few pellets of Nux vomica 200 on the tongue, and nothing more.

May 13th.—7:30 A. M. Pulse 114, temperature 101. Slept last night pretty well. Tongue moist. Gave milk diet. Kali carb., (a teaspoonful every two hours till relieved,) was resumed, as traces of the symptoms noticed the day before had reappeared. 9 P. M. Had slept some during the day. Pulse 110, temperature 101. Good tongue. No

troublesome symptoms. Hungry. Ordered more food. No medicine.

May 14th.—7:30 A. M. Pulse 100, temperature 99⅘. Spent the night sleeping and eating. Tongue natural. No pain, less soreness. In the evening Dr. Krause saw her alone. He learned that in the P. M. she had coughed, and the act of coughing caused much sore, bruised pain across the abdomen. All apparently from the one cause. The temperature was found at 101⅘, pulse 104, skin dry. Consequently he gave a dose of Arnica 1m. (B. & T.).

May 15th.—7:30 A. M. Meeting. Patient said that last night was the most comfortable she had experienced since the tapping. Slept most all night and looked well. Pulse 104, temperature 100. No medicine. When Dr. Krause made his evening visit, he found that patient had had four large, soft, formed stools in P. M. Pinched face, cool sweat, very weak. Pulse 104, temperature 100⅘. Gave Veratrum album 1 in water till relieved.

May 16th.—7:30 A. M. Meeting. Pulse 106, temperature 100⅘. Little soreness and no pain. Turned partly upon her side. Asked for chicken broth and rye bread. Request granted. No medicine. 9 P. M. Temperature 100⅕.

May 17th.—7:30 A. M. Meeting. Diarrhœa with rumbling; relieved after stool. Pulse 106, temperature 100⅘. Anxious, fearful of death. We examined the wound. The upper part had quite healed, apparently. Removed the superficial stitches. Dry cracked tongue; white aphtous spots on the inside of the lower lips yielding pricking pain to touch; great thirst for cold water. Prescribed Nitric acid 200 in water every two hours. Evening pulse 108, temperature 101.

May 18.—A. M. Pulse 109, temperature 101. Said she felt much better, but disliked the profuse night-sweats. Diarrhœa and gurgling stopped. Tongue still dry and red. Remedy continued. Afternoon the same.

May 19th.—7:30 A. M. Meeting. Pulse 104, temperature 100⅖. Better every way. No medicine.

May 20th.—Meeting, 7:30 A. M. Pulse 104, temperature

101. Most of the wound had healed perfectly. Removed stitches Nos. 1, 2, 3, 4, 5, 7, 11, (numbering from the top). The loose masses of heavy skin, now no longer distended with the sac and its contents, had sagged downward enough to prevent a good superficial union of the edges of the incision, which gaped at the wrinklings, at stitches 6, 8, 9 and 10. So we pulled up the misplaced tissue with our hands to about where it ought to be, and there crossed it with long strips of adhesive plaster; placed a (covered) flat splint of thin board longitudinally over the middle of the abdomen; and passed around the body a broad, firm roller bandage, thus giving even support where the skin threatened to sag, as already said. There was tenderness in the right hypochondriac region, with some pain. Also burning sore pain in pelvis, with rectal tenesmus. Prescribed Mercurius dulcis 30th, a powder every three hours. 9 P. M. Pulse 112, temperature 101⅘. Remedy continued.

May 21st.—We met 7:30 A. M. Pulse 105, temperature 101⅘. Patient complained of pain. This led us to conclude that our last prescription was not good. We examined carefully and found no special objective points. Tongue dry, red, with white triangle on the base. This triangle was composed of unique substance as if it were spores of some hard fungous growth. Thirst not excessive; good appetite. Two profuse, light-colored stools, pappy in consistency. Slept well, especially after mid-night. Mind tranquil; little complaint. Much warm perspiration during the night, especially on the back, or parts lain on. Owing to the previous good effects of Sulphur in her case, the present symptoms and the poor success of our prescriptions for the preceding two days, we gave Sulphur 200 in water, a teaspoonful every two hours until relieved. In the evening Dr. Krause found the temperature at 102, and decided to give Belladonna 200 in water.

May 22nd.—7 A. M. Meeting. Pulse 108, temperature 101⅘. As she was no worse, and perhaps a little better, we continued the Belladonna. 9 P. M. Dr. K. found the temperature at 102, pulse wiry and 112. This led him to conclude that our prescriptions of the last few days had all

been ill-chosen. He reasoned that the patient's long sickness and weakness, combined with the enormous losses of fluids she had sustained—not only from the tumor but from perspiration—indicated Cinchona as the remedy. So he gave it, 1st, in water every three hours. The clothing was changed.

May 23rd.—Noon. Meeting. Pulse 102, temperature 101½. Less sweating. Tongue red and moist. Removed the remaining sutures—union being good except at two superficial spots. These were cleaned with dilute nitric acid in water, a compress of old linen applied, the flabby tissues drawn up so that the line of union became straight, the splint reapplied, a new, broad roller bandage controling all. Little soreness. About one-half the redundant size of the abdomen gone. Remedy continued. 8 P. M. Dr. Krause found pulse 109, temperature 102½.

May 24th.—7 A. M. Dr. K. found pulse 104, temperature 101½. This I verified at 8 o'clock. Tongue improved. Little tenderness except in right hypochondrium. Getting smaller. Restless before midnight; good sleep after that. Cheerful, hopeful, little to complain of. 10 P. M. Pulse 108, temperature 102½.

May 25th.—7:30 A. M. Meeting. Pulse 105, temperature 101½. Tongue thick, with fungous-looking white coating on its borders, and whitish fur on its base, dry and red at tip, feels hot, causing thirst. The line of incision was found to be healed, with the exception of a very small superficial spot, which was once more cleaned with dilute nitric acid, then compressed and splinted. The pendulous portion of the abdomen was raised, with comfort to the patient, and a roller bandage applied rather snugly, especially its lower border, thus preventing sagging of the abdominal wall. The abdomen was materially smaller than two days before. The right hypochondrium, only, gave some trouble. A portion there, about the size of the palms of two hands was thick, inflamed, tender. Dr. Krause made the evening visit, and found the pulse 108, and the temperature 102½. We had previously agreed that if the patient should then be found unimproved in pulse

and temperature, to give Nitric acid. Accordingly Dr. Krause gave it—the two hundredth—in water, one teaspoonful every two hours.

May 26th.—Meeting 7:30 A. M. Pulse 104, temperature 101½. Tongue improved. Remedy continued. 6 P. M. Temperature 102.

May 27th.—Noon. Pulse 105, temperature 102½. Right sided peritonitis, rather extensive. In the evening we held a consultation, and found the case as follows: Pulse 102, temperature 103; shiny, glossy, bright red, raw tongue, with vesicles upon the edges and feeling as if scalded; inside of lips raw; desire for milk; right side of abdomen swollen, hot, sensitive to touch; dull under percussion; dared not cough or strain at stool—seemed as if something would give way if she should do so; feeling of relaxation of anus; grunting expiration. This was serious enough, but we then for the first time in a number of days, felt absolutely sure of the remedy, and that gave us courage. Of course it must be Apis, and we asked ourselves if we should not have given it sooner. The two hundredth was put in water, and one teaspoonful ordered to be given every hour until the first nap; after she had once slept, medicine every two hours until relieved.

May 28th.—11 A. M. Pulse 102, temperature 101$\frac{7}{10}$; mouth and tongue the same; abdomen decidedly improved. Medicine every four hours.

May 29th.—A.M., temperature 101½; P.M., temperature 102.

May 30th.—A. M., temperature 101½; P. M., temperature 102½.

May 31st.—A. M., temperature 101$\frac{4}{10}$; P. M., temperature 101½.

June 1st.—6 P. M. Pulse 105, temperature 102. The case was apparently doing well, but it was annoying to see the temperature and circulation remain up. The patient was restless and thirsty. We gave Arsenicum 200 every three hours.

June 2nd.—5 P. M. Pulse 96, temperature 100½. Three liquid fetid passages from the bowels, followed by marked improvement in every respect.

June 3rd.—10 A. M. Pulse 96, temperature 100. Sat up for the first time, by permission.

June 4th.—11 A. M. Pulse 92, temperature 99⅘. Medicine three times a day.

June 5th.—Noon. Pulse 100, temperature 100⅕.

June 6th.—At 1 A. M. Dr. Krause was called in haste. She had over-eaten; and during the evening had been left alone, which made her fidgety. She "wanted to urinate" and "passages were bad," she said. Retention of urine and fæces caused great suffering. She was in a state of collapse with the cold sweat pouring from her body; great weakness; hippocratic face; delirium. The doctor gave her Veratrum album, 3 in water, every half hour, and champagne, under which she rallied; and before the day was ended she was herself once more.

June 7th.—11 A. M. Pulse 92, temperature 100⅕. Improving. Remedy given at long intervals.

June 8th.—Pulse 90, temperature 99⅘. No more medicine; out of bed twice a day.

June 14th.—Well, except a slight thickening of tissues in the right side of the abdomen. Allowed the freedom of the house.

Mrs. S. made me a New Year's call (1887). She then weighed about one hundred pounds more than just after the operation and seemed perfectly well. At first I did not recognize her, owing to her plump and healthy appearance. She has enjoyed excellent health ever since.

Summing up, now, my first observation is that in the matter of size, we find on record Peaslee's case of a tumor weighing 120 pounds, successfully removed; and Baker Brown's case where the tumor reached the enormous weight of 140 pounds, which he removed successfully, also. In my case over 150 pounds of sac and contents were successfully removed by two operations, near together. So it would seem to be unique, perhaps, or at least to be ranked among the very few of its kind, even though we discount some of the fluid removed at the second operation, on the score of re-accumulation.

Without elaborating the points, allow me to express the

belief, which I have long entertained, and which finds support in the clinical experience just related, that in operative cases as well as those purely medical, the professed homœopathic surgeon should base all his prescriptions, before, during and after the operation, upon the law of similars. It is better for him, his profession, and his statistics. If he is a Homœopath, I don't see how he can follow any other plan.

Tapping, which has rather gone out of fashion, certainly has a place in such cases as Mrs. Schreiber's. How else could she be properly prepared? Imagine what a drenching would otherwise follow abdominal section.

Asepsis will triumph over antisepsis. A few Homœopaths have been demonstrating this for years. And lately Tait has utterly routed the old school and *quasi* new school advocates of topical drenching with drugs, thus furnishing another strong confirmation of homœopathic truth from the ranks of Allopathy.

It seems that adhesions are no longer a bar to the removal of an ovarian tumor. Try your thumb-nails in breaking them; also calendula is a capital agent to apply to the torn places. It arrests hæmorrhage and promotes healing. It is homœopathic, as a perusal of its pathogenesis will show.

If practicable, the pedicle is best served with a silk ligature, the ecraseur and calendula.

The diet should be common sense—Hahnemannian. The bowels need no tinkering. Home, even if humble, is better than a hospital, though it be palatial.

It has never been my ambition to create a personal following as such, by any subsidiary motives whatever, but rather a body of intelligent and true believers in the Homœopathy of Hahnemann, and who will be, therefore, just as true to any other representative of it as they will to me and thus sustain the school and widen its influence. Spend a little more time with your patients, if necessary, and impress your principles and convictions upon them, that they may at least see that you have some.—*J. B. Bell, M. D.*

CLINICAL MEDICINE.

ARSENICUM IN THE TREATMENT OF CARDIAC DISEASES.*

R. HEARN, M. D., Toronto.

The action of a remedy so well known and so extensively used by the homœopathic profession is certainly worthy of our most careful consideration, relative to the virtues to be obtained from its use in a form of disease so wide spread and increasing amongst the human family, and often attended with such alarming and rapidly fatal consequences.

Certainly there are numerous other remedies, as Digitalis, Cactus, Kali carb., etc., of great service in treating cardiac lesions, and whose places cannot be supplied in certain phases of this disease, for the reason that they constitute the "similia," or indicated remedy, in these particular manifestations of heart affection; but it is because Arsenicum has proved, in my hands, more than any other, of such marked and immediate benefit, especially in nervous and neuralgic heart troubles of long standing—which presented very alarming symptoms—that I have taken upon myself to draw your attention, particularly to its use, in the hope that further information may be elicited, and our treatment of cardiac disease perhaps be extended and further enhanced by the more frequent notice and proving of this most potent agent in so distressing a malady; in this way our endeavors to serve the interests of humanity may be crowned with ever increasing successes.

Although I have obtained the most rapid results from the action of Arsenicum in so-called nervous heart affections, yet its employment has been followed by the most gratifying improvement (though necessarily requiring a greater length of time to attain this) in valvular heart lesions, principally mitral, systolic, aortic, obstructive, and regurgitant; in some cases the (heart) murmur gradually became indistinguishable and a cure resulted to all appear-

* Read before the Canadian Homœopathic Institute, 1887.

ance, since the accompanying symptoms also were removed with the valvular murmur.

It is not necessary for me to refer you at any length to the proving of this mineral remedy, or the two-fold action it exerts on the human economy, namely, that of a violent irritant to the mucous and serous membranes of the intestinal tract when administered in large quantities, and its secondary action in which the irritation produced is manifested more generally throughout the system and accompanied by that remarkable lowering of the vital forces, resulting in rapid and increasing prostration, with extreme restlessness, so characteristic of this drug; this latter effect, however, appearing to be due to a less violent, albeit deeper seated action than the former, though both tend eventually to dissolution.

Its action as a curative agent seems to be exerted through the medium of the circulation, as well, no doubt, as the cerebro-spinal and sympathetic nervous system, but how it produces its wonderful effects upon the disease in question continues a mystery; nevertheless we may obtain the beneficial results accruing from its proper and scientific use in the treatment of disease without being able to trace its course through the system.

Before entering upon a few clinical facts as illustrative of the action of this remedy in some of the forms of heart disease, I will give my opinion as to the use of Arsenicum in low and high potencies in different forms of disease; for instance, I have found the lower potency of Arsenicum to act better in acute affection involving certain tissues, principally mucous and serous membranes, muscular tissue, glands, the various viscuses, and the circulation; while the higher potencies have generally given more satisfaction in chronic cases, and particularly where the nervous system is more directly concerned; also in certain forms of skin disease and of cartilage and bone, as ulceration and caries, etc. This, I think, may be taken generally as an example of the action of most of our remedies in their different potencies, though no doubt many of you

will differ from me in this particular; nevertheless I am speaking from clinical observations.

The motto of Dr. Hering may be appropriately quoted in this regard: "*in certis unitas, in dubiis libertas, in omnibus charitas*"—in that which is proven (let us have) unity, in that which is doubtful, freedom, (and) in all things (let us have) charity.

When first entering upon the practice of Homœopathy, I was much struck with the action of Arsenicum 3x in the treatment of a case of mitral systolic murmur occurring in a youth of about 14 years of age. The lesion had existed about a twelvemonth, as far as I could gather from the symptoms presented in the case, which were, however, somewhat vague, though several were well marked, such as attacks of suffocation, especially towards evening or at midnight, accompanied with palpitation and pain in the region of the heart; also on going up stairs rapidly or other sudden exertion, with much restlessness and agitation.

I cannot give the symptoms of the case minutely, as I did not take full notes at the time, but Arsenicum seemed indicated and the after results bore me out fully in the selection of this remedy, since improvement rapidly set in and continued until, in about two months time, the murmur was no longer detected by the stethescope when applied to the chest as before.

This case was rather a surprise to me, since palliation in such affections was all that we were led to expect from old school treatment—which I was at that time weighing in the balance with Homœopathy so as to prove which was in reality followed by the most success—and the above instance gave additional weight to the side of Homœopathy.

Another case was that of a stout, fleshy lady of about 45 years of age, of sanguine temperament, who had suffered much from various physicians without receiving any lasting or marked benefit, but rather steadily growing worse. She had never employed Homœopathy nor did she know anything of it, for had she done so she would have been

saved much suffering and expense. The heart murmur in her case was aortic regurgitant and the symptoms somewhat resembling the first case, though more strongly marked and numerous, since the disease was of about 12 years' standing. At times she would have attacks of angina pectoris; something would seem to rise in her throat and produce suffocation, causing her to reel and fall backwards, when she would catch at the nearest object to save herself; her face and neck would frequently become dark, sometimes purplish, accompanied by terrible distress and sensation of impending dissolution,—as if the heart would cease beating. She declared this to be really the case—that her heart did stop for some seconds. These paroxysms generally came on towards afternoon or evening, occasionally during the night, compelling her immediately to assume an upright posture to prevent suffocation. Arsenicum 6x gave her immediate relief and after taking it for about three weeks she was free from any further distressing symptoms for more than a year. Owing, however, to some over exertion and indiscretion, she had a return of the trouble, and this time I gave Arsenicum 15x, with no result whatever; Arsenicum 6x relieved the symptoms as promptly as before and prevented any further attack.

Why the 15x did not answer I cannot explain (though I had prepared it very carefully myself), but it certainly had no effect.

The third case was that of a lady, aged 54 years, of a lymphatic temperament. The heart affection was more of a nervous than organic nature, as I could detect no murmur or hypertrophy.

She had been a sufferer for seven years, having gone through numerous courses of treatment without any relief. She complained mostly of attacks of suffocation which came on at first every week or fortnight, but increased in frequency until, at the time she consulted me, they returned every twenty-four hours, just about midnight, sometimes rousing her from sleep and compelling her to sit up to obtain relief from the sense of suffocation. This latter was so great that she felt as if she would die.

The paroxysms usually began with throbbing or palpitation of the heart, which seemed to pass upward into the back of the head and forehead and temples, accompanied by a tingling and numbness in the left shoulder and arm, down to the tips of the fingers; also a sensation of great distress and restlessness, preventing any further refreshing sleep.

The attacks ordinarily lasted a few seconds, sometimes minutes, leaving the patient very weak and prostrated. She also complained of occasional burning in the stomach and left side; the pulse was slow, feeble and intermittent; there was considerable flatulency and bloating after partaking of even a small quantity of food, worse between 4 and 8 P. M. I gave first Lycopodium; failing with this, gave Belladonna, then Digitalis, and lastly Arsenicum 7x, which proved of immediate benefit to the patient, giving her almost instant relief from the above distressing symptoms, and I have not heard of any return of the trouble.

The fourth case was that of another lady, aged about 60 years, who suffered from symptoms similar to the former, though not so marked, but evidently of a neurotic character, and of about six years' standing; old school treatment in a variety of ways and orthodox mixtures had entirely failed to impart any real benefit. Arsenicum 7x, administered homœopathically, in spite of her lack of faith, produced prompt and permanent relief of the symptoms, thus scoring another victory for Homœopathy.

I might cite several other instances illustrating the curative action of this remedy in similar cases, but the above examples will serve to show that Arsenicum occupies, if not the first place, at least a prominent one among our remedies in cardiac diseases, and especially those of a neurotic origin; and, although this is only one of the spheres in which it plays an important part, yet so many sufferers come within the limit of that sphere (and the number appears to increase each decade, with the symptoms often of such a violent and fatal character, and so little amenable to successful treatment by the old school), that any boon which may present itself should merit our most careful consideration and extended trial.

RHUS TOX.—NOCTURNAL ENURESIS.*

J. M. YOUNG, M. D., Oakland, Cal.

August 30th, 1886.—Joe D——, tall, well-built, sandy hair, light complexion, nineteen years of age, 170 pounds in weight, and a picture of perfect health, consulted me about a pain in his back.

Three years ago, while working at his trade (carpenter), he had over-lifted himself—strained his back; since then has not been good for "nuthin'." Cannot sit quiet; but on attempting to rise, it seems as if a knife was thrust through his loins, suffers *most in bed at night*, but would as "soon be shot" as asked to get up in the morning, the pain is so excruciating on his first effort to move; gets easier after he stirs around and gets limbered up—"could not lift five pounds off the floor."

No swelling or tenderness on pressure in the lumbar region. Had been treated by several physicians in Sacramento—Homœopaths and Allopaths—the first year of his trouble, without any benefit whatever; considered his case hopeless, and came to see me merely to gratify his mother.

The case and remedy were so accurately defined that I did not consider it necessary to question my patient very closely, and accepted without the slightest misgiving his statement that he had told me all there was of it. Rhus tox. 200, one powder dry on tongue; Sac lac. three times a day; report in one week.

On September 2nd, however, he came in again accompanied by his mother, who stated that "Joe was such a fool he had not told me more than half his sickness." He had been afflicted with nocturnal enuresis more or less since childhood, and since his back "gave out" he had been getting worse and worse, till now his life was simply unbearable. I could get no data as to time, etc., of enuresis; he was so disgusted, did not want to talk about it.

I must confess that I was ashamed of myself for not being more exact and thorough in the examination of my

* Read before the Alameda County Homœopathic Medical Society, June 14, 1887.

patient. Without a doubt this man's kidneys, bladder and whole genito-urinary tract were deeply involved, and had been so for years. Rhus tox. in nocturnal enuresis! Who ever heard of such a thing? Here were nerve centres assailed; the vaso motor system involved; the sympathetic inhibited; deep and profound changes—progressive metamorphosis—occuring gradually through years; and finally culminating in the conditions presented.

Thus, gentlemen, did I wander through all the scientific nomenclature and fine spun theories that rationalism has rendered classical, till the final grand pathological "round up" completely annihilated my poor little prescription, Rhus 200, and I sat self-convicted before my patient and, for the want of something more scientific (?) to say, asked "How is your back?" "Oh, that is ever so much better; I had very little pain yesterday, and none at all to-day," was the answer.

Hope, like an unfettered phœnix burst from the ashes of my despair; perhaps Rhus was not a bad remedy for nocturnal enuresis after all. The pain was gone. Motion did not affect him beyond a slight stiffness in the morning, which soon wore off. "Could he lift any weight?" "Did not know, was afraid to try." The amount of urine voided as far as my patient could observe and, in fact, the whole character of the enuresis was unchanged.

I decided *not to interfere.* Rhus was helping those stiff, sore, lumbar muscles. Would it not be the sublimity of egotism to assert its inability to arouse the slumbering energies of the sphincter vesica, or soothe the cystic mucous membrane? *Would not the administration of any drug be equivalent to such an egotistic assertion?* Decidedly so. Hence, Sac. lac. night and morning; report in a week. He did so; conditions, symptoms, etc., absolutely unchanged. Sulphur 200, one powder dry on tongue, report in three days, which he did, complaining of a slight return of the old pain in the back; no change in the enuresis. My intercurrent, gentlemen, was most assuredly fulfilling its mission—rousing the reactive forces of the system. Not having any Rhus tox. higher than 200, I applied to my

friend, Dr. Selfridge, over the way; doubtless he had Rhus tox. 500 or 1000; but he was out of these potencies; the next he had to Rhus tox. 200 was 75m., which I must fain accept. Shades of Rationalism! Was not this infinitesimals run riot. Doubt crouched above my heart like the raven upon the bust of Pallas above Poe's chamber door as I accepted the drug. However he got the Rhus tox. 75m., one powder, dry on tongue, Sac. lac. night and morning; report in a week. Reported: no pain; no stiffness in back, and for the last *three nights no enuresis.* Sac. lac. night and morning; report in a week.

But Joe "struck a job" (filching from his own elegant vernacular) about this time at his trade, and I have seen him at intervals ever since pulling and lifting lumber, and beams, and joist, as efficiently as his comrades, and to this date he has had no return of the pain or stiffness, or enuresis. Rhus tox. 75m. has proven triumphant; triumphant over his disease and my almost faithlessness.

Rationalism would have put a blister on that strained back, or apply a lotion with a gruesome yet awe-inspiring name, or jerked him with the faradic current till his very principles would have rattled an agonized protest; and discovering that enuresis later on, when I did, would have stimulated the atonic muscular coat of that bladder with full doses of strychnine and quinine by day and quieted the irritable sphincter with morphia, codea, elixir of opium, or cocaine by night, and if the patient survived the ordeal it (Rationalism) would have puzzled its wise old silurian head for the balance of its natural life deciding whether morphia, codea, strychnia, the lotion with the nightmare name, quinine, plasters or faradism could be depended upon in the next case of nocturnal enuresis—for of such verily is the kingdom of "clinical experience."

Eclecticism would have injected a little salt and water over the seat of pain so as to establish an "internal electrode" for the purpose of—but no matter what eclecticism would have done. Joe is cured; and by the 75m. potency of Rhus tox. Now, Didymus, please do not ask me *how!*

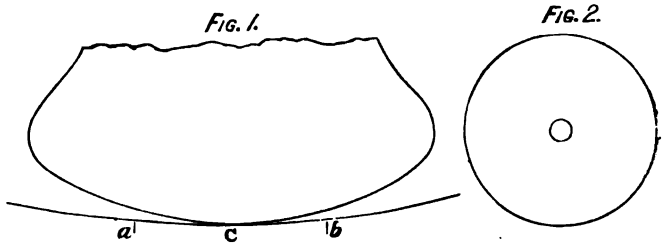
HOW TO TRITURATE.

L. H. WITTE, Cleveland, Ohio.

It is the object herein to show how to obtain, in a trituration, with a given expenditure of labor, the drug in the greatest extent of division.

In triturating the longer the process is carried on properly, under proper conditions, the finer the drug becomes. But it does not follow that a given quantity of labor indiscriminately applied will equal the product of the same quantity of labor intelligently applied.

The triturating surface of the pestle always presents a greater curve than the corresponding surface of the mortar, hence in any given position, the pestle is in contact with the mortar at only a point, and as the distance from this point increases, the distance between the pestle and mortar also increases.



In Fig. 1, let the upper portion represent the pestle; the line below, the curve of the mortar; C the point of contact between the pestle and mortar, and *a* and *b* any points within the size of the pestle and equidistant from C. Let Fig. 2 be a circle with a diameter of the distance *a* to *b* of Fig. 1, and let this circle represent the effective triturating surface while the drug particles are still *larger* than the distance between the pestle and mortar at points *a* and *b* Fig. 1, and let the small circle of Fig. 2 represent the effective triturating surface after the drug particles have become reduced in size; then the two circles will represent the relative triturating surface at the two stages, and it will be seen that the capacity has become enormously reduced, and

that although the drug may be reduced still finer yet with very little result from the labor expended.

If now some other substance *not* having any reducing action be added, the difficulty of reducing the original drug has simply been *increased*, as must be evident upon considering that the quantity of *original* drug under the pestle at any time must be *less*, because a part of the available space is occupied by the *added* substance.

But if, on the other hand, some substance that has a *reducing* action be added in proper quantity, then the difficulty of reducing the original drug is *lessened*.

Let the *added* substance be milk sugar. If this is *soft* so that it will become crushed, rather than crush the drug, we have the condition of *increased* difficulty. If it is sufficiently *hard* and sufficiently *coarse*, then the difficulty of reduction is *lessened*.

Upon consideration it must be evident that there are two ways, and only two ways, in which milk sugar can aid in the reduction. One is the rubbing of a face of a crystal against a particle of the drug, and the other is the cutting of an edge of a crystal into a particle of the drug.

Upon further consideration it must be evident that, in order to aid in the reduction by rubbing, that the faces of the crystals must be *large* as compared with the size of the drug particles, or otherwise the particles caught would be released before reducing action could take effect, and it follows that for the faces to be large the crystals must be large. For the purpose of cutting, the crystals must also be large, in order that they have the requisite strength.

Now if in triturating, the milk sugar crystals being of the proper size, we apply pressure sufficient to crush the drug particles between the milk sugar crystals, but not sufficient to crush the milk sugar crystals themselves, then reduction of the drug takes place with continued ability of the milk sugar to aid in the reduction; but if we apply such great pressure as to crush the milk sugar to a fineness at which it no longer can aid in the reduction, its value for the purpose is destroyed and, although we obtain a tritura-

tion finer to the *touch*, still the drug particles remain coarser than in the former case.

On *any* triturating machine in use, capable of operating a porcelain pestle and mortar, the pestle can be loaded to an extent that it would be capable of reducing, in one hour, ten ounces of coarse milk sugar to such fineness that such reduced milk sugar would no longer be capable of any triturating action.

The conclusion to be arrived at, is that too much pressure may be employed by which not only the work is made unnecessary laborious, but the product is also made inferior by it. On the other hand, the pressure should not be too light, as in this case there would be too little action. It may be considered a good rule to triturate with such pressure that *some*, but not much, of the milk sugar becomes reduced in the course of an hour.

As particles become smaller their power of resisting crushing action becomes less; hence, the finer the drug particles the easier it will be for the afterwards added milk sugar to reduce them still more. Therefore the drug should be reduced to a condition as fine as possible *before* adding any milk sugar. This admits of some qualification. The softer the drug the less important it is, so to pulverize it beforehand, and when it is quite soft it probably would be a waste of labor so to pulverize it.

In explanation of the terms *soft* and *hard* milk sugar, as used herein, it will be stated that milk sugar is an article made from the whey of cows milk. To obtain it, about eighteen parts of whey must be evaporated down to one, or say a depth of thirty-six inches down to two; but as it is not practicable to boil it when of a depth much over ten or twelve inches, a portion is used to commence with and other portions are added as the evaporation proceeds. To boil to a finish takes about twelve hours. During this interval the various remnants have had various times in which to change, the change leading to the formation of lactic acid. This change is not sudden, but proceeds in first altering the character of the milk sugar. By this alteration the hardness of the crystals that may be formed diminishes.

It may be of interest to know that hard grade milk sugar is always sent into maket in the crystal form, and that it is always contaminated, to the extent of ten or fifteen per cent. with soft grade milk sugar. This is quite easily separated by those who understand it and wish to do so. Hard grade milk sugar is naturally dry. Soft grade milk sugar is naturally damp, and it causes the suspicion in those who do not understand it, that it is adulterated with chalk.

Soft grade milk sugar ought not to be used for making triturations; but if, nevertheless, it is used, it ought first be dried by artificial heat; both because the drying makes it harder, and the removal of the moisture make the trituration more stable.

Many years' experience has shown that it is not desirable to use milk sugar that will not pass through meshes one-hundredth of an inch in diameter, and this size mesh is found in silk sieves having sixty-four meshes to the inch.

The proper way to triturate and the proper material to use being generally known, *any* and *all* the indications, of a good trituration are at hand, and then it will behoove the pharmacist to furnish such triturations only as are good. As it is, misleading indications of the quality of triturations are given, by which pharmacists are enabled to palm off discreditable goods. From one establishment emenates the assertion that fineness to the touch is an indication of a good trituration, and from another that the cloudiness shown upon dissolving a little of the trituration of an insoluble drug furnishes the clue to the knowledge of a good trituration of the more important remedies. To show the fallacy of these indications it will be stated as a matter of fact that a large proportion of the insoluble drugs may be obtained fine enough in almost any drug store, and may then be mixed up by rolling over and over on a piece of paper with commercial milk sugar, which may also be found in plenty already fine enough, and when yet the drug may be seen in masses as large as a pin-head, and the clear milk sugar also seen in places, nevertheless the mixture would, by *both* the indications mentioned in this paragraph be a *good trituration!*

TREATMENT OF MIGRAINE.*

H. P. HOLMES, M. D., Sycamore, Ill.

Homœopathy is frequently successful in the treatment of migraine, but it demands for being efficacious, a minute study of the symptoms offered by the patient and great perseverance in the employment of the remedies. The chapter by Richard Hughes on Cephalalgias, though containing numerous and important hints on the principal remedies for migraine, is very confusing because that author has not clearly distinguished that disease as a distinct neurosis and has established arbitrarily the divisions nervous, sanguine and gastric cephalalgia.

Migraine is a neurosis characterized by a violent pain occupying, in the beginning, one side of the head and accompanied in its complete development by nausea and vomiting. It returns in irregular attacks. Like other neuroses it is hereditary and may alternate with other neuroses—especially with gastralgia.

Does it exist as an idiopathic disease? In almost every case migraine is a gouty, or that which is the same, a hemorrhodial, affection. Is it symptomatic of tetter? It alternates with it, as we have said of the other neuroses, and especially with hysteria and hypochondriasis. In his interesting book on the "Diseases of the Nervous System," Grasset entertains the same opinion as our school upon the relations of migraine to the other diseases and defends it very ingenuously.

In regard to treatment, migraine presents for study three forms—common, benign and retinal. The treatment for the benign form being the same as the treatment for the attack, the question here, then, will be the treatment of the common and retinal form.

1. Treatment of the common form.—This treatment subdivides itself into two chapters:

A. Treatment of the disease.

B. Treatment of the attack.

* DR. P. JOUSSET.—Translated from *L'Art Medical.*

A.—TREATMENT OF THE DISEASE.

Nux vomica, Sanguinaria, Iris versicolor, Digitalis, Calcarea carb., Pulsatilla, Natrum-mur., Stannum, Sepia, Cocculus and Causticum, are the principal remedies for the common form of migraine.

1. Nux vomica is the most frequently indicated remedy; it is suitable in gouty and hemorrhodial patients who form four-fifths of all the cases. The migraine cured by Nux vomica begins in the morning on waking and increases during the day; nausea and vomiting during the attack; aggravated by intellectual labor, by motion and by rest; extension of the pain to the occiput where it frequently becomes more intense than anywhere else.

Dose and mode of administration. The doses which I employ are almost exclusively in the 12x and 30x potencies. Like all other curative remedies in migraine, Nux vomica should be administered in the interval between the attacks. When these are very frequent the medicine is to be given immediately after the attacks; a dose morning and evening for four days, If the attacks return regularly every month give the remedy after the attacks as we have said, and during another period of four days immediately before the next attack. When the attacks are always irregular, the remedy should be given in periods of four days every two weeks.

2. Sanguinaria canadensis is, by its efficacy, the second remedy for migraine and should be preferred to Nux vomica in the female when the menses are very profuse and accompanied by migraine. The pain is extremely violent, with bilious vomitings, electric shocks in the head, odontalgia, otalgia, pains in the limbs and chills. As in Nux vomica, the pains commence in the morning and increase during the day. According to Dr. Mills of Chicago, the attack is preceded by scanty urine and it ceases with a copious flow of clear urine.

Dose and mode of administration. I will make the same remarks as for Nux vomica. In some cases of migraine occurring at each monthly period I have alternated Nux vomica and Sanguinaria; Nux vomica four days before the menstrual period and Sanguinaria commenced as soon as the

appearance of headache, or when it fails to show itself, give four days during the menses.

3. Iris versicolor. This remedy to which Dr. Claude has called attention in France is very important in the treatment of migraine. Like the two preceding remedies I have described, Iris is indicated in migraine with copious bilious vomitings; obstinate constipation is also one of its indications. We will find farther that Iris is useful in the retinary form of migraine.

Dose. The same as for Nux vomica.

4. Digitalis. Digitalis is a new remedy in the treatment of migraine. The old pathogeneses showed well the extremely vlolent pains in the head and bilious vomitings. But it is since the publication of a work by Dr. Marc Jousset upon Digitalis that this remedy has been specialized in the treatment of migraine. Digitalis is indicated when the pains are violent, accompanied by heat of the head, coldness of the extremities, copious bilious vomitings.

Dose. Up to the present time Digitalis has been used only in the mother tincture. It is prescribed in two drop doses mornings and evenings in the interval between the attacks.

5. Calcarea carbonica. This is a very old remedy in migraine and is indicated by the following symptoms: Nausea and eructations; icy coldness in the head; commences in the morning; it frequently attacks the side of the head on which the patient was lying; aggravated by intellectual labor, by walking and jarring.

Dose and mode of administration. The same as for Nux vomica.

6. Pulsatilla. This remedy is much less frequently indicated than the preceding. It belongs to the migraine which commences in the evening, accompanied with *general coldness* and a *malaise like that of an indigestion*; lancinating, pulsating pains; amelioration by rest and the open air.

Dose. The same as for Nux vomica.

7. Natrum muriaticum. This remedy has been little used. It is indicated in migraine which commences in the morning in bed, which is amelierated by raising up and by

walking slowly; it is on the contrary aggravated by walking fast. The headache is accompanied by nausea and vomiting.

Dose. As for Nux vomica.

8. Stannum. Another remedy but little used, but well recommended by Richard Hughes. Here are its indications: atrocious pains with vomiting; *horrible painful constrictions in the forehead and temples*, general chilliness, great relief after vomiting. Stannum corresponds to the *crescendo* and *diminuendo* character of the pain so common in the headache.

Dose. The same as for the preceding.

9. Sepia. This remedy is recommended by Richard Hughes in the treatment of old migraines, especially in females suffering from leucorrhœa and perspiration of the feet and axillæ. The pains appear rapidly, are more marked in the morning and accompanied by flashes of heat which radiate to the neck, and nausea. The pains are increased by walking in the open air.

Dose. From the 12th to the 30th. Where there is much leucorrhœa, it should be prescribed from the 1x trituration to the 10x during the course of several weeks.

10. Silicea. This is prescribed by Barh: the indications are, rush of blood to the head, great sensibility of the scalp, falling out of the hair, perspiration of the head, pains ascending from the neck into the head.

Dose. 30th potency.

11. Cocculus. The migraine of Coculus is accompanied by a state of nausea and vertigo characteristic of the remedy. The pain is seated more particularly in the *frontal eminences and left orbit;* is aggravated by eating and drinking, standing and walking in the open air.

Dose. As for Nux vomica.

12. Causticum. Hemicrania with nausea and vomiting. The pains appear in the morning on waking; increased by moving and by walking fast. Sometimes the pain increases progressively and then disappears suddenly.

Dose. As for Nux vomica.

B.—TREATMENT OF THE ATTACK.

All the remedies which we have passed in review are useless or nearly so during the attack. It is in the interterval between the attacks that they should be administered for diminishing the attacks, or, better, for removing them entirely.

The remedies for the attacks are for the most part the palliatives and which have no other influence on the course of the disease. The principal ones are: Caffein, Glonoine, Aconite, Belladonna, Veratrum and Guarana.

1. Caffein. This is one of the remedies which succeeds most frequently in calming the attacks of migraine. We give it in four grain doses of the first decimal trituration every half hour.

2. Glonoine. This is indicated when the cephalgia is accompanied with pulsations in the head, flashes of heat, sensation of swelling in the head, face red, strong arterial pulse and impossibility of keeping the head covered (sensitive to pressure. H.).

Dose. One drop of the first potency every half hour.

3 and 4. Aconite and Belladonna have sometimes calmed the attacks of migraine. They should be administered in the mother tincture.

5. Veratrum is indicated by the excessive pains causing delirium with *cold sweats* and *fainting*. The pains are pulsating, radiating to the muscles of the neck.

Dose. Drop doses of the mother tincture every half hour, or the dose may be increased up to twelve drops.

6. Guarana or its alkaloids are dangerous remedies.

TREATMENT OF THE RETINARY FORM.

This form of migraine is characterized by defects of vision; hemiopia, either vertical or horizontal, mono- or binocular spots, sparks, or complete blindness. It is in this variety that we see frightful symptoms of transient paralysis of the tongue and even hemiplegia. In some cases the attacks are constituted solely by defective vision, headache being entirely absent. Galezowski has well de-

scribed this variety of migraine; he declared that, in spite of its alarming symptoms, it is not a serious affair.

The principal remedies are: Belladonna, Iris, Phosphorus and Spigelia.

1. Belladonna is the remedy which has given me the best results; it is indicated by defective vision, the paralytic symptoms, and the excessive headache aggravated by light and noise.

Dose. 6x and 12x potency.

2. Iris versicolor. This remedy, of which we have already given the indications in the treatment of the ordinary form of migraine, is also a remedy for retinary migraine on account of the special systems which it presents: the patient sees a blur before the eyes on the affected side.

Dose. 6x and 12x potency.

3. Phosphorus. The pathogenesis of Phosphorus presents the following symptoms which designate it in the treatment of ophthalmic migraine; headache over the left eye with black spots which fly before the eyes, temporary blindness, cephalalgia with vomiting.

Dose. 6x to 12x.

4. Spigelia is characterized by an atrocious pain in the eye-ball *as if it were being torn out*, dilatation and immobility of the pupils, amblyopia and temporary blindness.

Dose. 3x to 12x.

[Dr. Jousset, the accomplished editor of *L' Art Medical*, is considered by many especially our allopathic confrérés, as one of the ablest representatives of Homœopathy in France, if not in Europe. Like Hughes in England and Hempel in America his teachings belong to the pathological wing of our school which considers the disease—the diagnosis—of primary and the patient of secondary importance. This plan follows the *deductive* and is the opposite of the *inductive* method of Hahnemann, Hering and Dunham. This case also is a fair sample of the teaching and practice of the author, and our translator has evidently done his work conscientiously; but it is very far from being a fair representation of the homœopathic treatment of patients suffering from this affection. Instead of the careful individualization of Hahnemann he deals in the generalizing method of Allopathy. Take Sanguinaria as an example: "The pain is extremely violent, with bilious vomiting, electric shocks in the head, odontalgia, otolgia, pains in the limbs and

chills." Perhaps fifty remedies have these symptoms in common with Sanguinaria. The author has neglected to give us the *character* of the pain, vomiting, shock, odontalgia, otalgia or chill.

Hahnemann instructs us to write out the symptoms in the language of the patient, while Dr. Jousset gives us his interpretation of the symptoms from his pathological standpoint; the former is fact, the latter fiction. No patient not even a professional, ever had such a train of symptoms when suffering from migraine, and it is this lack of individualization which renders the writings of Jousset and this article in particular practically worthless, if not positively misleading. We publish it as a specimen simply.—ED.]

OPHTHALMOLOGY.

NOTES ON DISEASES OF THE EYE.

H. H. CRIPPEN, M. D., Detroit, Mich.

COCAINE.—The use of a solution of Cocaine in liquid vaseline or petro-vaseline, as advised by Dr. Bignon, of Lima, has certainly some advantages in ophthalmic practice. Liquid vaseline (preferable to the oil of petrolaine, being better refined) will dissolve as much as two per cent. of Cocaine, and has the advantage over the aqueous solution of not being liable to decomposition. We have reason to believe that danger lurks in stale solutions of the alkaloid. A peculiar fungus growth appears occasionally in the weaker solutions (below four per cent.), and apparently possesses the power of setting up inflammation of the mucous membrane to which it has been applied. Besides the avoidance of decomposition, I have found the solution in liquid-vaseline very active as a local anæsthetic, and, as it produces a more extended zone of diminished sensation, less doses can be used and the risk attending the major operations will be minimized. In extracting foreign bodies from the cornea a single drop is sufficient. It is unnecessary to deluge the conjunctiva with a four per cent. solution as so many do.

ESERINE.—The late Dr. Liebold, of the New York Ophthalmic Hospital, endeavored to impress upon us the sim-

ilia of the sulphate of eserine in relation to spasm of the ciliary muscle, and we believe he was the first to advise its use in prescribing glasses; discarding atropine for putting the accommodation at rest, and giving the patient Eserine in trituration until all spasm had disappeared. Dr. R. B. Leach, in the *Southern Journal of Homœopathy*, says he was prompted to use Eserine by a remark, in Mittendorf's Diseases of the Eye and Ear, that "spasm of the accommodation is also artificially produced by the use of Eserine." The Doctor's success with the drug internally administered has been in cases of astigmatism due to an irregular spasmodic action of the ciliary muscle.

In the case of a colored woman, aged 21, I was enabled to make a very positive experiment with Eserine 6x. She complained of pain, and symptoms of irritation of the eyes on continued reading. There was present a slight chronic catarrhal condition.

O. D. V. = $\frac{20}{30}$: with —.50 D.s ⌒ —.25 D.c axis 30° = $\frac{20}{20}$.
O. S. V. = $\frac{20}{100}$: with -1.25 D.s ⌒ - .25 D.c axis 90° = $\frac{20}{20}$.

Under atropine:

O. D. V. = $\frac{20}{40}$: with +.25 D.c axis 120° ∟—.25 D. axis 30° = $\frac{20}{20}$.
O. S. V. = $\frac{20}{70}$: with —.50 D.s ⌒ —.25 D.s axis 90° = $\frac{20}{20}$.

After the action of the atropine had passed off, part of the spasm returned.

O. D. V. = $\frac{20}{30}$: with - .25 D.s ⌒ - .25 D.s axis 30° = $\frac{20}{20}$.
O. D. V. = $\frac{20}{100}$: with - -1.D.s ⌒ —.25 D.s axis 90° = $\frac{20}{20}$.

Eserine 6x was prescribed, one three grain powder to be taken three times a day. This was continued for one month, at the end of which the patient returned to have glasses prescribed. I was much pleased to find the spasm entirely gone, that vision with glasses had advanced from $\frac{20}{30}$ to $\frac{20}{20}$ in both eyes, and was able to give her the glass, that under atropine was indicated by the static refractive condition, that is:

℞.
O. D. +.25 D.c axis 120° ∟ —.25 D.c axis 30°.
O. S. —.50 D.s ⌒ - .25 D.c axis 90°.

The use of these glasses and of Sulphur 12x relieved all symptoms and restored the conjunctivæ to a normal condition.

Eserine has also another indication, blepharospasm, which has received unexpected confirmation in the following case reported in the *Lancet*, by Dr. Dunlop:

"A lady about sixty years of age, who had slowly advancing cataract in the left eye, and incipient disease of the same kind in the right, began, early last October, to suffer from irritation of the conjunctivæ. The eyes were suffused and the conjunctivæ often somewhat injected, and the discomfort was increased by fatigue, exposure to cold, or strong artificial light. The patient consulted an oculist in London in November, and a variety of constitutional and local remedies were employed without any very satisfactory result. On January 19th the use of eserine was advised, with the view of lessening the amount of light passing into the eye. Accordingly a solution of the strength of one grain to the ounce was prescribed, and a drop was ordered to be placed in the eyes twice a day. At about 4:30 the same afternoon the first application was made, and a small drop of the solution placed in each eye. A good deal of smarting and lachrymation followed, and as this passed off, in about a quarter of an hour severe *clonic spasm of the eyelids* set in, the upper eyelid, as the patient described, falling down on the lower every few seconds. About a quarter of an hour later a feeling of spasmodic stiffness in the lips, especially the upper, set in, and soon there was the same sensation under the jaw on the left side. Within an hour there was a feeling of tremor or spasm, but without any actual muscular movements in the arms and thighs, and at the same time there was a sensation of pressure on the eyeballs and of weight and pressure within the head. The patient also began to suffer from some mental confusion, and her memory was impaired. By 11 P. M. the movements of the eyelids had diminished considerably, but the other symptoms had altered very little. She slept uneasily, waking at frequent intervals during the first part of the night, and when she awoke was conscious of the same sensation, though in diminishing degree. In the morning the muscular sensations had disappeared, but she felt weak and shaken. Dr. Dunlop saw her a little before noon on the 20th, when he found the pupils contracted to a fine point, and the conjunctivæ a good deal injected. All the spasmodic muscular feeling had disappeared, but she complained of the pressure on the head and on the eyes. She said there was some mental confusion and a general feeling of weakness. Next morning, the 21st, the pupils were still minutely contracted, and as she still complained of the pressure on the balls, he ordered a weak atropine lotion. On the morning

of the 22nd, before using the atropine, the weight in the head and the pressure on the eyeballs passed off, and she felt stronger and better. A visit to the druggist who dispensed the prescription fully explained the matter, however, for it appeared that by mistake he had made the solution of the strength of one grain to the *drachm* instead of one grain to the *ounce*."

A FOREIGN BODY LODGED IN THE CORNEA.

R. D. TIPPLE, M. D., Toledo, O.

Foreign bodies in the corneal tissue produce very serious complications very many times and seriously endanger the integrity of the eye as in the case I herewith report. Mr. C., a young man, presented himself to me recently after having been treated or treated at by his family physician for four weeks with no improvement, but a gradual increase in the severity of the symptoms. Suffering constantly from pain and photophobia, also excessive lachrymation. Upon examination I found superficial ulceration of the cornea complicated with decimentitis and hypopyon. The opacity from the central ulcer shaded off gradually and involved quite a large portion of the central corneal area in the inflammatory process. The idea of a foreign body suggested itself to me, whereupon I made a careful examination with lateral illumination and a magnifying lens and discovered a minute central speck imbedded in the corneal substance; believing this to be the sole exciting cause of all the serious trouble I instilled Cocaine into the eye and scraped out the central ulcer, removing foreign body together with all necrotic tissues, also performed paracentesis cornea, and evacuated pus from the anterior chamber, after which I instilled atropia, bandaged the eye, administered Hepar, Sulph., and Arsenicum, with direct applications to the eyeball of fluid cosmoline, and cured the patient in one week. I simply report this case to show the importance of having such cases treated properly. Had this gentleman consulted an oculist first he would doubtless have been saved the loss of time and the severe suffering that he was subjected to by being tampered with, as well as the great

risk of losing his eye altogether. The eye is a very complicated piece of mechanism delicately sensitive and easily destroyed, hence should not be experimentally treated.

CORRESPONDENCE.

OUR FOREIGN LETTER.

EDINBURGH, July, 1887.

Editor Advance.—What a glorious rest to cross the Atlantic, visit the chief capitals of Europe, seek the quiet lakeside retreats, or be fanned by the cool breezes of the Trossochs or the Alpine summits, and when rested renew old friendships among the illustrious of the profession, witness brilliant operations, and carry off some of the nick-nacks in surgery. This is a regular bi-annual vacation, and I always return, rested, invigorated and better fitted to combat the various surgical ailments. This trip crossed in the "Aller," a North German Lloyd vessel. The comforts on this line exceed those of any other. The number of first-class passengers is limited to two hundred and fifty. The excess of fare over other lines is a good investment.

THE JUBILEE.

London was full of the Jubilee. Great Britain and her colonies are all aroused, each striving to outvie the other with proper loyal manifestations to their sovereign on the anniversary of her fifty years' reign. The procession of the Queen was from Buckingham Palace to Westminster Abbey. At the Abbey the Archbishop of Canterbury preached the Jubilee sermon. The route was a mile and a quarter long, and the streets, houses and roofs were thronged with persons eager to show appreciation, or to witness the grand royal cavalcade of queens, kings, princes and princesses. It is said six million saw this imposing demonstration of rejoicings. Never before in London were so many "Royals" seen together. It is almost impossible to describe the rich uniforms with the respective orders of decoration of kings and princes, the exquisitely dressed

queen and princesses or the gorgeous trappings of the horses and equipages. The princes of India were the most costly decorated, with their diamonds and other precious stones. Prince Louis of Baden was the handsomest prince and the Princess of Saxe-Coburg the most beautiful princess, so graceful and so delicately and tastefully dressed. The Prince and Princess of Saxe-Coburg were at the same hotel,—the Buckingham Palace Hotel—so I had the pleasure of seeing them often. Rooms along the route were rented for the day from one hundred to one thousand dollars. We had a comfortable room from which we had an excellent view. It was a hot day and the ambulance police corps was kept busy along the line of march. Over four hundred for slight and serious ailments were cared for. Charing Cross Hospital alone received on that day ninety-one accidents. Of course London was the centre of joyous exultation, but the celebration was general through the Island. It must have been a beautiful sight at night at Bowness on Lake Windermere to count one hundred and six bonfires on the hills and mountains around that quiet and beautiful lake in honor of the jubilee reign of England's queen. Was it not a coincidence that on these same hill tops and on the same night of the year the Druid custom was to kindle huge fires to celebrate the longest day of the year?

COMMEMORATION DAY AT OXFORD.

It was my privilege to be in Oxford the day the University conferred degrees. The large Sheldonian Theatre was crowded and the students made it a perfect bedlam with their shouts of enthusiastic ejaculations of approval or disapproval. On the stage were seated the dignified Vice-Chancellor, professors, fellows and other high dignitaries, wearing robes, hoods and hats indicating their respective degrees and honors—a very imposing sight. If a gentleman entered the hall and was a little slow in removing his hat, there would come a shout from the students, "Take off your hat, old fellow," or if a neatly dressed and pretty young lady entered they would clap their hands and give

"three cheers for the beauty." While the Vice-Chancellor (who has a very weak voice) was conferring a degree, they sang out, "Speak up bold," "Don't be afraid," "Now for your jubilee smile." To a young gentleman with a rose on the lapel of his coat, "Take off that rose." During an oration the speaker spoke the word jubilee, when the students all stood up and began singing "God Save the Queen," the entire audience also arose and sang with them. The orator had to stop till the students were through singing when he concluded his oration. The Latin orator used the word jam (now), when they shouted, "Pass it around." (Strawberry-jam is an English dish at breakfast and tea.) When the Speaker of the House of Commons, Arthur Wellesley Peel, was receiving the LL. D. degree, parliamentary expressions were repeated, as "Divide," "Let the question be put," "I rise to a point of order." When he received the degree, they sang "For he is a jolly good fellow." Peel is a tory and Oxford a strong tory constituency.

EDINBURGH.

An hour after arriving called on Dr. Thomas Keith. He was resting in France, so I had not the pleasure of renewing my former acquaintance with this gifted and skillful surgeon. However, I met his son, Mr. Skene Keith, at the Royal Infirmary, who, like his father, is doing excellent work. How beautiful to see the son following the footsteps of his illustrious father. The two Keiths have a "Special Female Ward" in the Royal Infirmary. The removal of a very large colloid ovarian growth by the son was delicately and masterfully performed; the result very doubtful. Keith's second part of "Abdominal Tumors" is not yet out. The first edition of "Uterine Fibroid" was soon exhausted. It is very valuable to the specialist. I had the honor of receiving the first copy from the author himself. At the Infirmary met Drs. Duncan and Anandale. Each has a separate surgical ward. They are very good and careful operators. I was much interested in three of the operations of these surgeons. Dr. Duncan removed a floating cartilage of the knee. It was difficult

to find, but when found securely pinned with an acupressure needle and deftly removed. Dr. Anandale's operation for the same disease was more quickly found and very cleverly removed. The most interesting was a case of aortic aneurism; the long diameter was eight inches and the semi-circumference seven inches. The method of cure was the galvano-cautery, with needles inserted every four or five days, care being taken that the needles are inserted some little distance from the dilatation of the vessel. The operator was much pleased with the progress of the patient.

The Royal Infirmary building is a model structure for a hospital, built on the pavilion plan for the purpose of having a larger amount of fresh air circulating through the wards.

"The style is the old Scottish baronial, its characteristic features being most exhibited in the main frontage, which represents a three-storied central elevation one hundred feet long, surmounted by a tower and spire reaching a height of one hundred and thirty-four feet.

"From each side of this central building there run out three tiers of corridors, giving access to the wards of the pavilions. These pavilions are divided between the surgical and medical, and surgical departments; the former measure severally one hundred and twenty-eight feet by thirty-three feet, and the latter are somewhat larger, measuring one hundred and seventy-three feet. The two together are calculated to accommodate a total of about 600 patients. The surgical hospital forms a pile of buildings extending in its main frontage to four hundred and eighty feet. A space of one hundred and nine-five feet, traversed by a covered way, separates the surgical and administration departments from the medical hospital which embraces four pavilions standing parallel to each other. Each block embraces (besides basement and attic) three extensive floors, and every floor constitutes a ward complete in itself and capable, if need be, of being isolated and being worked independently of the rest of the hospital. Standing somewhat apart, at the northwest corner of the grounds, is the

pathological department, with a spacious lecture theatre. The superintendent's residence and other adjuncts complete the establishment."

The cost was about $1,900,000, and is supported entirely by voluntary contributions, and is the most generous and useful of all the Edinburgh charities. It receives patients from all parts of the country.

In building hospitals there is need of care and examination into the structure of our best hospitals. It will well repay the managers to send a competent physician to visit other buildings and report before deciding on a plan.

On the walls of the corridors hang the portraits of some of the distinguished Edinburgh doctors—Lizzars, Syme, Sir James Young Simpson and others. To me Syme's had the most interest, for he was undoubtedly the greatest of modern surgeons. Of general surgical works his is preeminently the best. How many are the authors of surgeries, and how many surgeons are but compilors, yet it is necessary to have the library filled with the best of them. Lizzars, Syme and Simpson were never very good friends. Many amusing anecdotes are told of their hatred and jealousies of each other.

Sir James Y. Simpson attended Baroness Rothschild at London in accouchement for which he received an honorarium of 1,000 guineas. He was also engaged to attend in London one of the "Royals." About the expected time a telegram was sent to him, "Do not come too late." He immediately went up to London, but the child was born before starting. The operator had failed to place a period after the word come. However, he received his honorarium of 1,000 guineas.

The medical school is a part of the University of Edinburgh, which has four faculties, arts, divinity, law and medicine. There is an attendance of over 3,000 students, the major part being medical. It is one of the best universities in Europe. Dr. Alex. Monro first gave the medical school repute when he became professor of anatomy in 1720, and the chair was successively filled for the long period of 120 years by a member of the same family—the

three Monros. The number of professorships in the University is 44. Pupils from all parts flock to it. The aggregate yearly fellowships and scholarships is $7,000.

BIRMINGHAM.

At Birmingham Mr. Lawson Tait still continues to do wonderful work, if all his reports are correct. At Edinburgh, when a student, he was called "lying Tait." There can be no doubt as to his skill; he is a rapid operator and a dextrous manipulator, removing the ovaries in five minutes and an ovarian cyst in eleven and one-half. If possible every person coming to Europe should see Mr. Thos. Smith, of St. Bartholomew's Hospital, operate. I once saw him operate for stone in the bladder, the lateral method; the time from the first cut to the removal of the stone was twenty-eight seconds. Mr. Holden held the staff. It is also very pretty to see Pean, of Paris, operate, always in full dress and never soiling his immaculate cuffs.

HOMŒOPATHY IN GREAT BRITAIN.

The British Medical Association meets in September at Liverpool. A good time as usual is expected. It is a great pleasure to attend these gatherings where there is so much harmony, and the carefully prepared papers so thoroughly and gentlemanly discussed. You leave the meeting feeling that you have improved the time, for you have been greatly profited with matters of practical worth. "The knowledge which a man can use is the only real knowledge—the only knowledge which possesses growth and vitality, and converts itself into practical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones."

The association has a quiet way in electing the officers—no strife, but so courteous, a respect for the advanced in years, and a proper encouraging word for the younger members. At one of the annual meetings the presidency was conferred upon a gentleman from Manchester, who deliberately declined the honor, wishing rather to devote any spare time to the completion of his researches in some particular scientific line. At Edinburgh called on Dr.

Wm. Bryce, and regretted not being able to see Dr. W. T. P. Wolston. Homœopathy is advancing in Great Britain. Her doctors are sturdy and true and loyal. The greatest inroads are among the nobility and the educated.

These fragmentary notes are, as Dr. Thos. Keith says, a Scottish gift which did not cost the giver much.

Yours very truly,

H. F. BIGGAR.

COMMENT AND CRITICISM.

Editor Advance.—I suppose you also have received a reprint from the *N. E. Med. Gazette* entitled: "Dynamization or Dematerialization" by F. P. Sutherland, M. D. *The Small Dose*, this open, vexing question, seems to give a good deal of trouble, not only to the Allopathic, but also to many so-called homœopathic physicians.

The author has evidently made an honest endeavor in the search for truth—but as far as I can see, has not been able to find it; on the contrary he has found many contradictory statements in the writings of the great Hahnemann. These discoveries have shaken his confidence in the higher potencies. I wish we could help him out of this dilemma.

About 20 years ago, I stated in one of our medical meetings, that I had a patient who held in regard to our potencies, the following notion:

"*In everything there are two opposite substances*,—one vital and the other destructive; and that these correspond, as soul and body, —as substance and form; and that by the dissipation and destruction, or subordination of the lower, the higher is obtained and evolved purer and capable of a perfect manifestation and action, which it could not have before because hindered by the gross material in which it was latent, and which could not be a fit medium for it."

With Hahnemann it was a kind of inspiration, that a substance should grow (curatively) stronger by dilution, instead of growing weaker, and that it had a new and wonderful effect. This fact was a marvel to him, for which he could not account but only make known.

For common sense it is impossible to believe that a smaller quantity of the same substance should have more effect than a larger one, any more than that a very little food should satisfy a hungry man better than a large quantity.

Yet, if we apply our patients notida, it becomes obvious, that by the manipular fidus the medicines undergo, a different sub-

stance, in fact the opposite is developed, viz.: that which was first crude and destructive, has become a vital and curative substance.

By actual experience at the bedside, hundreds of physicians have come to the above conclusion, while thousands of physicians (materialistic minds) consider it an obvious absurdity.

"Evil will bless, and ice will burn."

F. H. KREBS, M. D.

BOSTON, MASS.

Our correspondent says: "It is impossible to believe that a smaller quantity of the same substance should have more effect than a larger one." Yes, this is the stumbling block. Our allopathic brethren have never been able to overcome this objection; and we are largely responsible for their ignorance, by the use of improper terms. We do *not attenuate* or *dilute* a drug to increase its curative power, we *potentize* it. Hahnemann uses the word potency, not dilution or attenuation, and potency is the word we should use. Instead of Arsenic or corrosive sublimate apply these terms dilution and attenuation to Calcarea, Silicea or other inert substances, and they do not seem so opposed to common sense. But let us clear our eyes of motes before we attempt to extract them from our brethren, by using the proper term, as did Hahnemann, and then possibly this explanation of the fact may be made to apply.

Editor Advance.—In the March ADVANCE Dr. Haggart gave his opinion regarding the proving of Lac Caninum. The article below from an advertising journal styled *The Doctor*, published by the Peacock Chemical Company, St. Louis, Vol. 1, No. 4, July, 1887, will show the size of the mule that did the kicking.

"BRAIN AND SPINAL TROUBLE.—I have used the Peacock's Bromides in four cases of brain and spinal troubles satisfactorily, only one of which is of sufficient importance to note here; that of a boy eight years of age. He was taken with a species of typho-malarial fever in a mild form, and after a two weeks' treatment he partly convalesced and was discharged, but in a few days I was called to see him again; found him suffering at base of brain, great tenderness half-way down the spine, nausea, restlessness, tongue red, temperature 102, pulse 100 and irregular. Diagnosed the case, incipient tubercular meningitis. Instituted such treatment as had helped me out in such cases heretofore, but my little patient was gradually growing worse until the eighth day he took muscular spasms which left partial paralysis of left arm for eight or ten hours, when it subsided, but next day another spasm followed with same result, and in addition there was rigidity of lower extremities which was followed by pain and great restlessness. At this juncture I thought of Peacock's Bromides; ordered half teaspoonful every three hours, and although these spasms returned daily for over a week they were per-

ceptibly milder at every paroxysm until at the end of two weeks the evidences of final recovery became quite hopeful to me, and the Bromides was still continued but at longer intervals. The patient improved slowly and to-day, three months after the first illness, he is about well.

From the time I first prescribed Peacock's Bromides till the patient was discharged I gave no other medicine, and in this, I think, lies the proof that the Bromides effected the cure. The clinical experience of a remedial agent, in my opinion, is not worth much where there is mixing or alternating of medicine. The case was to me a very important one, and if my time would permit, would like to write it up in good shape; what I have written has been done quite hastily and solely for the benefit of like sufferers.

D. HAGGART, M. D."

99 East Market Street, Indianapolis, Ind.

This is not the author of "She,"—much as the similarity of name and the style of his former epistle (above referred to) with its choice vernacular, keen sarcasm, rollicking humor, redundant metaphor and bad spelling, might have led one to believe. No, indeed. This is your homœopathic physician, [Heaven save the mark!] member of a learned profession—a guild discountenancing advertising! To what base uses may we not come at last—or words to that effect.

PROF. JOHN SMITH, A. M., M. D.

Editor Advance.—* * * * And now to a subject of vital import to me. Yes! its the old vexed potency question. I have been see-sawing up and down, down and up, from the very crudest to skimmed moonshine, but I finally settled down on one end of the question with a case of tinctures, firsts and seconds. There was a diminutive-sized chap away up on the other end. He looked very minute from my point of observation. I began throwing out ballast a short time ago, my heavy tincture vials going first and my case following. As my end began to lighten up and I neared the level of my *vis a vis* he became larger and larger to my observation, and I found him to be a fair sized homœopathic representative. Our see-saw is balancing nicely now. I began studying Homœopathy afresh a short time ago. My "pill bag" is lighter and cleaner, my successes more abundant, my cures more rapid, my satisfaction inexpressible. I am not "wholly persuaded," but I see the bright light ahead. I need a friendly hand to help me, to guide me to the shining shore. I shall closely watch the trail and the tale it tells, all along the route. The sum total of my experience in the next twelve months will have a permanent influence on my future practice. I

am, as I wrote a friend, a stubborn skeptic in every field of thought. Facts based upon experience, and the latter gained by thorough investigation, are to me the only demonstrations of the incontrovertible truth. Dogmatism has been our *bete noir* too long, too long.

A few questions, my dear editor, and I am done.

QUESTIONS.

1. Do you use high potencies exclusively in your general family practice, i. e., in acute cases?
2. Do you present the highest potencies in gonorrhœa and syphilis; if so, what is your success?
3. Would you trust a high potency, say of Kali, Mercurius or any other drug, in diphtheria?
4. Would you advise a gargle as adjuvant treatment in diphtheria?
5. In cholera collapse, where all indications called for Camphor, would you trust your highest potency or depend upon spirits of Camphor in rapid doses?

I mean to know the truth. I am searching for it in every crevice. My practice has been generally a successful one. I can say without egotism, more satisfactory than that of the average M. D., but I am not satisfied even with my present record if I can improve it. Can you, will you assist me? S. W. COHEN.

WACO, TEXAS.

[As Dr. Cohen presents a series of questions that are frequently asked of us, in order to satisfy him, and answer many other enquirers we append our answers hereto.]

ANSWERS.

1. Like the majority of homœopathic physicians we began to practice what we were taught at college. Our first outfit consisted of "tinctures, firsts and thirds," but as our experience widened we gradually learned that the curative power of a drug was not to be found in its quantity; that the closer we followed Hahnemann's teachings, whether we were able to explain them or not, the better our success, the more "inexpressible" our satisfaction. Thus we have gradually went up the potency ladder, and for several years our buggy case has contained nothing but Dunham's 200ths for both acute and chronic disease in every-day family practice. We now use all potencies, because we are convinced that success depends, not so much on the potency as on the proper

selection of the remedy and the single dose or not too frequent repetition of the simillimum.

2. Gonorrhœa and syphilis are not exceptions to the law, and are just as amenable to the potencies as any other affection. But here, too, you must follow Hahnemann's instructions as laid down in Vol. I of his Chronic Diseases, and not the cauterizing and injecting mal-treatment of Allopathy.

3. We always trust the indicated remedy irrespective of potency or disease. Take the symptoms of the case carefully and accurately, then give your remedy as you would in any other disease.

4. Diphtheria being a constitutional affection (there are no local diseases) it should be treated constitutionally. No gargles or adjuvants whatever are necessary. That is an allopathic expedient for which we have no use. Homœopathy is good enough for us. It would be infinitely better for our patients in uterine diseases as well as diphtheria, if it were impossible for the throat or uterus to be seen and we were compelled to rely wholly on the constitutional symptoms for our guide in the selection of the remedy.

5. I would not desert my colors under fire. I would adhere as firmly to my potency as to my law of cure. I have no more reason to doubt the one than the other. A potency of a remedy that has carried my cases safely through diphtheria and membranous croup would be no more liable to fail in cholera or yellow fever than the law of nature upon which our system is founded. The potentized remedy has proved effective in the treatment of Asiatic cholera in Italy, and there is no reason to believe it will fail when applied in America. But Camphor must not be prescribed for cholera in any potency, if it is not indicated. This is the great stumbling-block in the progress of our school, and the sooner we all see it the better.

THE CRANK OF AN ORGAN.

Editor Advance.—The ancient *North American Journal of Homœopathy* has got too much crank. It is a very little organ with a very large crank. It blew a sonorous note when new, but a German editor's English injured its bellows, and of late years it ran short of wind. It was for sale cheap, and was bought by a medical college, one of whose faculty—the noted physicist Hi-Low, LL. D.—declaring that with a big enough crank it would be as good as new; "at least," said he, "the college can get its money back." The faculty—from its own *alumni*—selected seven to work the new crank and one to grease the bearings. "Go!" said physicist Hi-Low, while the assembled faculty listened. Too much wind is bad for emphysema, and the debilitated organ wheezed and whistled,

> "But they smile, they find a music centered in a doleful song
> Steaming up, a lamentation and an ancient tale of wrong,
> Like a tale of little meaning, though the words are strong."

"*Subscription* price, per volume of twelve numbers, $3.00. Single numbers, 30 cents,"—said physicist Hi-Low, smiling through his thankful tears.

* * *

Speaking of clergymen, Carlyle was of opinion that the Nuremberg toy-makers could manufacture a superior article from wood and leather. That this has not been done is no refutation. The Nuremberger has not made his article because the old kind are to be had so much cheaper.

The trade value of a good editor will purchase one and three-eighths gross of clergymen—*two full gross*, if you allow six Methodists for one Unitarian, and are supplying rural districts.

* * *

There is mighty little in the world of science that escapes the lynx-eyed physicist Hi-Low. He is a walking encyclopædia, and he is also a *Yankee*—a combination that "beats the devil," to use the language of the unregenerate man.

* * *

The "editor-in-chief" of the *North American Journal of Homœopathy* is a Nuremberg article—a device of wood and leather—either imported by the faculty (which I doubt), or fabricated by physicist Hi-Low (which I incline to believe, as the thing resembles much of his handiwork). Hi-Low beats Beelzebub at devices, and, as a wood-and-leather *editorial writer* is so much cheaper than the genuine article, such an evidence of Yankee cuteness confirms me in my hypothesis. The six supernumerary "editors" are *dummies*—wax figures for aught I know; *simulacra*, and harmless as a Quaker gun.

* * *

A wood-and-leather "editor-in-chief" isn't a success. Hence my firm opinion that the one under notice is not of genuine Nuremberg manufacture; that *it* results from the illicit intercourse of a Yankee and an encyclopædia. This, of course, is conjecture—the encyclopædia *can't* confess and the Yankee *won't*. As, however, this combination "beats the devil," *I* must admit that it is too much for me. But though the genesis be conjectural, the failure of the wood and leather pretense as an editorial writer is demonstrable, all Yankees and encyclopædias to the contrary notwithstanding. Turn we then to the demonstration of A WOOD-AND-LEATHER PHENOMENON.

* * *

How the wood-and-leather editorial writer is set at work, I know not. Perhaps it digests rude hints in shorthand, like Vaucanson's duck. Perhaps it sleeps over night with one of the faculty and is impregnated in that way. Perhaps the process is less occult: it

may be simply wound up, or, still easier, blown up. Frankly, I don't know, and, I may as well add, I am an *hypotheses non fingo* fellow.

Suffice it that the thing was set agoing on an editorial for the August number, having for its subject, "Homœopathic—Homœopathist." So much has been written and said on this familiar topic during the last seventy years that one must admit it was by no means a hard task for even a wood-and-leather machine to do its duty handsomely by it.

The automaton-apparatus beginneth in this wise:

"HOMŒOPATHIC—'pertaining to homœopathy!' Homœopathist—'a believer in homœopathy!' It is interesting at the present time to note how much misunderstood these two words have been and still are," etc.

To *misunderstand these two words* would require, one would think, a wood-and-leather intellect; and before the "editorial" is completed the automaton-apparatus has made good its claim to *that*. But as the wood-and-leather fabrication warms to its work it discourseth on the source and origin of "the sectarian name homœopathists" thus:

"The true and staunch men who, having the courage of their convictions, were thus driven out from the great body of medical men, *given* the 'sectarian' name 'homœopathists,' and shunned by the medical profession," etc.

"The more advanced allopathists of to-day only object to homœopathists on the ground that *we are known by the name* WITH WHICH THEIR MEDICAL ANCESTORS, WITH CURSING AND BITTERNESS, CHRISTENED US."

And towards the end of the editorial -the apparatus having thoroughly warmed to its work—we have this coruscation, showing what electricity there is in wood-and-leather;

"That the demand of our sponsors in baptism to forget the name which, not long ago, they *rubbed into our foreheads with cruelty and persecution*," etc.

To a wood-and-leather automaton-apparatus this *rubbing a name into the forehead with cruelty and persecution* is the climax of devilishness—and what a burst of wood-and-leather rhetoric it has evoked! We are in full sympathy with the incensed apparatus and are only second to it in deprecating such baptism and damning such sponsors.

But what will the physicist Hi-Low, LL. D., say when he reads this freak of the wood-and-leather apparatus, knowing, as Hi-Low must be presumed to know, that Hahnemann himself originated the "sectarian" names "Homœopathy," "Homœopathic," "Homœopathist," and in all the fervor of a zealot bestowed them on his disciples, and that all the devilish "rubbing in" business was done by HIM in his endeavor to make "allopath" and "allopathy" stick to those who did not think as he did in matters medical?

I do not know in what place "honor is lodged" in a wood-and-leather automaton-editorial-apparatus, but I'll bet a hypodermic

syringe that when physicist Hi-Low, LL. D., got near the editorial fabricator his boot sought it in the accustomed place.

Since time began, was ever a "journal of Homœopathy" and a college "organ" so wholesalely "given away"? Isn't it just "too awfully too"? When the genial John C. Morgan was proving Gelsemium, exciting war news made his bowels move: what must the August "North American" have done to physicist Hi-Low! Such a nervous diarrhœa as he must have had would have fertilized four worn out Virginia plantations.

Meanwhile the "organ" of the New York Homœopathic Medical College is the laughing stock of every Homœopath from Maine to Mexico, and its only "$3.00 a year, 30 cents a number" the cheapest fun in the market.

* * *

An attempt to evince animosity is so human a trait that I am almost ready to doubt if this same editorial writer is a wood-and-leather apparatus. Look at the following—evidently aimed at the *New York Medical Times:*

"There are some recalcitrant followers of the Hahnemannic law who consider that this distinctive title [homœopathist] should be dropped; they are so *pseudo-scientific in their notions of liberality, and hyperæmic in their ideas of universality in medicine,*" etc.

The cheaply malicious intent of the whole paragraph certainly looks human, but could any human being out of Bedlam write about "pseudo-scientific notions of liberality," and "hyperæmic ideas of universality in medicine"? If such a use of words *could* be made by a human being, I should swear it was an instance of "unconscious cerebration," performed in and by the *appendix vermiformis.* Either *that* or a wood-and-leather *faux pas.*

* * *

I have vanquished every doubt; it *is* a wood-and-leather automaton-apparatus, "only this and nothing more." Every created thing in human shape has a sense of right and wrong—the shadow of the Divine. The nearer the Light, the darker the shadow; the farther the Light, the fainter the shadow; but dark or faint, wherever man is also the shadow is, because the Eternal is shining upon him.

But let me quote the conscienceless machine *en bloc* in order that I may not be unjust to even it:

"It is high time, however, that the word 'homœopathic' be understood by the public; it is high time that the true definition of the term 'homœopathist' be given. It means 'one who believes in homœopathy'—nothing more, nothing less—and why a believer in homœopathy does not have just as much right as a believer in allopathy to use all the adjuvantic treatment that he may think necessary for the welfare of his patient we are at a loss to determine."

Notice, please, that this infernal apparatus, this thing of wood and leather, says "we," just as a flesh-and-blood editor is wont to do. Know this, O wood-and-leather sham, a BELIEF in Homœopathy

makes your "adjuvantic treatment" IMPOSSIBLE. Do you know what a *Belief* is? Think you it is only a varnish, a veneer, a convenience, an occasion, an accident, a whim? Does it occur to your wood-and-leather conception that a Belief can take a man to the martyr's stake and make of him a heap of ashes for the winds to sport with: that those ashes can be cast into a river and carried to the sea and yet each atom thereof shall bear his Belief to the hearts of nations and shape their destinies forever? "Belief," indeed; what can a thing of wood and leather, or any mere apparatus for propagating the species, *know* of a "belief"!

But let the automaton-apparatus voice itself yet again:

"Because a physician is a believer in homœopathy, is he to believe nothing else? Is he to be debarred from using any other treatment which he may consider best for his patient? Can he not administer morphine hypodermically for the mechanical pressure of gall stones or of a kidney calculus? Shall he allow a patient to die in torment from cancer, or in the excrutiating pain incident to mutilating accidents or surgical operations? Shall the agonies of phthisis and other incurable disorbers inflict themselves upon a human being, and a physician —because he believes in homœopathy—stand passively by without attempting to offer his euthanasia to the suffering or the dying? The interrogatories are so preposterous that they need no reply."

It were indeed "preposterous" to offer a reply to a wood-and-leather apparatus; but there are even *replies* for a thinking being. First, with a *belief* in homœopathy a physician will *not consider any other treatment best for his patient.* Secondly, as a homœopath he will not find morphine the only, or the best, palliative for gall stone, or calculus. Thirdly, he will never stand passively by; his Belladonna given under the law will do better for a *miserere* than morphine in that *it* relieves the condition and removes the cause. Fourthly, as aids to euthanasia a homœopathic physician is not confined to Morphine, Chloral and Cocaine. Lastly, it must not be forgotten that morphine has been given for pain, and has begotten an opium habit to which death were a mercy. The same of cocaine. But the apparatus emits this:

"The truth is this: the homœopathic physician believes in the law *similia similibus curantur* to such a degree that it moulds and directs his practice in the majority of his cases; he believes it to be the best, and, indeed, the only scientific law upon which therapeutics are based, and endeavors to follow it as conscientiously as he can in the practice of his profession. But because he does this, and so announces, is he to treat cases of poisoning without antidotes? Is he to trifle with pains incident to incurable disease? Is he to forswear the influence of chemical action? Is he, in other words, to make a fool of himself to the detriment of his patient because he is a believer in homœopathy?"

If he believes S. S. C. to be "the best" law in therapeutics isn't he a fool to resort to any other. If it is "the only scientific law" why leave it for the unscientific? Hahnemann himself teaches Homœopaths to treat lethal poisonings with antidotes. "The only scientific law in therapeutics" cannot be "scientific" if it "trifles" with any pains. "The only scientific law" (what is an *unscien-*

tific LAW ?) should mould and direct in all cases, and the stickler for "scientific law" makes "a fool of himself to the detriment of his patient" when he forsakes it.

The next paragraph from the machine explains much:

"There is still another consideration which evolves itself in the consideration of the subject. It is this: strive as we may to possess [*sic*] the similar to certain presenting symptoms, it may happen either from the lack of knowledge of the Materia Medica (few men being able to master it completely in a life-time), or from the imperfectness of provings, or indeed from the absence of the Materia Medica of certain drugs, that it is impossible to enunciate [*sic*] the law in prescribing; then, surely, though it is less scientific in every way, the humane physician must fall back to [*sic*] the next best resource, which is the medicine of experience."

There is some machine English in this paragraph. For instance, he, or I should say *it*, makes *possess* and *enunciate* equivalents, and *it* uses them in the sense of *apply*. "Enunciate the law in prescribing" is nonsense. But *it* acknowledges that it may be "impossible to enunciate the law in prescribing" from the absence of certain drugs (I find "drugs" often that I once thought absent from our Materia Medica), from the imperfectness of provings (which 'proving' is perfect?) AND "from lack of knowledge of the Materia Medica." Ah! how much morphine, and chloral, and cocaine, and what cathartics, and diuretics and the Lord knows what, does not that same "lack of knowledge" make occasion for? That is exactly why so many so-called homœopathic physicians believe in the law of similars "to a degree." And when their knowledge fails it is so easy to blame "the only scientific law" and "fall back to" the "less scientific in every way" "adjuvantic" make shift.

Yes, wood-and-leather apparatus, it *is* easier to stupify a patient with morphine than to soothe a pang with its simillimum, when one does not "possess" it, and cannot therefore "enunciate the law in prescribing."

One passage in this astounding editorial strongly suggests that our wood-and-leather editorial writer was "coached" by some one of the faculty of the N. Y. Hom. Med. College. Here it is:

"It must also be remembered that men now practicing, for the most part, homœopathy, hold a diploma, which gives them the most emphatic power to practice AS THEY PLEASE The document first states that they are not only 'doctors of medicine,' *with all the rights and privileges, hereunto belonging*, but are in addition created 'doctors of homœopathic medicine.'"

"*Pro-dig-i-ous!*" as Dominie Sampson would say. Here I've had one of those very diplomas for twenty-six years and never until to-day knew that it gave me *most emphatic power to practice as I saw fit.* This wood-and-leather libeller refers to the mother college—The Homœopathic Medical College of Pennsylvania. SHE creating "doctors of homœopathic medicine" and giving them "most emphatic power" to stultify themselves! O, wood-and-

leather apparatus, were those teachers of ours, now hushed in death, shameless duplicities!

By a wise foresight, the Legislature of Pennsylvania vested us with *all the rights and privileges* of doctors of medicine THAT IN THE EYE OF THE LAW we might stand face to face the equals of any graduates in medicine under the ægis of the State: but our faculty made us Homœopaths, not omnipaths nor nullipaths.

Curiously enough, in one item I find myself "running with the machine" editorial writer:

"That the time will come when distinctive titles regarding systems of medicine will be dropped, and educated and conscientious practitioners will be allowed, without let or hindrance, to practice their profession without regard to 'pathies,' there can be no doubt."

Such being the case, why the *North American Jour. of Hom.* should throw stones at the *N. Y. Med. Times* passes comprehension; and as the N. Y. Med. College is to have a new building, it is to be hoped that the faculty will avoid a "distinctive title" on the new college sign-board.

I am almost in love with the automatic apparatus, and I hereby award it "the cake" for the most delightful *non sequitur* I ever met in a medical journal. Let me share it with the patient reader:

"That *magna est veritas et prevalebit* is as true to-day as when the early Christians were slaughtered for their belief, is past contradiction, and THEREFORE those who believe that the law *S. S. C.* is the best formula to follow in the treatment of disease need not be ashamed of their title, and *may, without scruple or hindrance, employ any other means they desire for the relief of suffering humanity.*"

Is all this "a tale of little meaning, though the words are strong," or does the "*crank*" *of the organ* VOICE THE ETHICS OF THE NEW HOM. MED. COLLEGE?

To many of us, Homœopathy is not a trade-mark adopted for its trade value; it is not an empty profession but an earnest conviction. We who are of the faith are not the inferiors in knowledge and wisdom of any of the faculty of the N. Y. Hom. Med. College. Some of us have weighed and measured you years ago, and you are not of the stature to be a law unto us, or to defile our inheritance. Declare yourselves; you are challenged in fealty to the honored dead and in justice to the honest living disciples and followers of Samuel Hahnemann. Do not disdain to pick up the glove because it is flung at your feet by him who wrote

"THE GROUNDS OF A HOMŒOPATH'S FAITH."

HOMŒOPATHY IN TENNESSEE.—Dr. W. L. McCreary, Knoxville, writes: "The people of the South are ripe for Homœopathy, and all we need now is more men to bring it well to the front. I think if more of our active young men would look to the South rather than to the West they would be better pleased, and succeed better too."

EDITORIAL.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."—HAHNEMANN.

THE LATEST CRAZE.—For many years the teachers and writers of the allopathic school have zealously labored, in season and out of season, to place its therapeutics on a scientific basis. Whether the results at the bed-side were successful or not, the treatment of disease must at least be scientific; and this persistent search after the science of therapeutics has led the school into the most ridiculous positions from which it has been difficult or even impossible to retreat. The chief cause of these numerous failures is a dogged adherence to a false philosophy. A theory is put forth with great eclat and then the facts must be found to sustain it and to convince the world that it is scientific.

Dr. James B. Bell, of Boston, very cleverly punctures this bubble, as follows:

"There are two ways of studying nature or acquiring truth. One is the philosophy of Aristotle, 'old and always false,'—the *deductive*, or thinking out a theory, and then finding facts to fit it; guessing and presuming how things *ought* to be, then gathering a few facts that do or seem to prove that they *are* so. This philosophy has brought most of the errors into all the sciences, and all branches of human knowledge. It prejudices the mind at the outset with a bias toward one set of ideas, then makes all observations partial and partisan, as well as incomplete and superficial. It *assumed* that Scripture and observation taught that the sun revolved around the earth, and the whole expanse of the heavens had to bend into a crystal sphere to fit the theory. It has *assumed* countless theories in all the sciences, and especially in medicine, which are now wrecks upon the hard rocks of *fact*. It now *assumes* the doctrine of specifics in medicine,—mercury for syphilis, quinine for ague, and a few others, although the list of even apparent specifics is very small. Nevertheless, the search goes on for this 'will-o'-the-wisp.' Our journals are full of the exclamation, 'I have found it!' 'I have found it!' All this comes from this delusive deductive philosophy which leads us to assume that diseases are specific entities, or *things;* and that there ought to be specific antidotes or destroyers of these *things;* and that therefore these assumptions are true, as a few carelessly observed facts might seem to indicate."

For instance, Koch discovered the bacillus of cholera, and then all that was necessary to do was to find a germicide capable of detroying the invader, and lo! Asiatic cholera was to be promptly exterminated. But after numerous experiments in this direction in which the mortality was not in the least reduced, it was sorrowfully confessed that a dose of the remedy sufficiently powerful to exterminate the bacillus would be almost certain to be fatal to the patient. To Koch, likewise, is due the credit of the grand discovery of the bacillus tuberculosis and the medical press of both Europe and America sounded his praises from the house tops. Eureka! At last we have found it. But, alas, soon some teacher or experimenter more frank or honest than his associates, sounds the alarm, expresses a doubt, publishes a failure. For instance, M. Debove, clinical lecturer at the Hopital de la Pitie, Paris, said in 1883: "The ideal end toward which we should always strive when we are in the presence of a parasitical malady such as phthisis, is to find a parasiticide acting in the interior in the same manner as the external remedies used for the itch. It is necessary to find a substance which, without injuring the system, will be destructive to the parasite. Unhappily, this germicide is still to be found, and we have no cause to hope it will be found in the near future. It is easy to make cultures of the bacilli tuberculosis, and to know that in this or that condition the culture is arrested. Only if we undertake to apply to man these experimental results obtained, we expose him to all sorts of dangers." Again at the Congress at Copenhagen in 1884, Dr. Jaccoud sadly confessed, that the discovery of Koch "has not made one step in advance in the therapeutics of phthisis." Germicide after germicide has been tried in the vain endeavor to extinguish the bacillus—the diagnosis—of tuberculosis, and failure is the only result of the scientific (?) effort. And thus the farce goes on.

But Dr. Bergeon has found a new germicide—and a new method of using it—for the treatment of affections of the respiratory organs. This is by rectal injections of gaseous enemata, and is no sooner announced than the manufac-

turers are kept busy in supplying the apparatus. We should expect "the latest craze" to be promptly adopted by the devotees of empiricism, but when professed Homœopaths, even members of the Hahnemannian Association, so far forget themselves as to abandon their law of cure and arm themselves with the apparatus for the application of this humbug, it is time, in the name of Hahnemann, to enter our protest, even if the treatment be scientific. Figs do not grow on thistles, and no one knows it better than the homœopathic physician. But those who read allopathic journals "to find out what our friends are doing," and study allopathic pathology with a view of founding thereon a homœpathic treatment, will be rudely awakened by the humiliating failures in store for these weak-kneed followers of Hahnemann. Now that the hospitals, one after another, are abandoning this scientific craze as an utter failure, would it not be well for Homœopaths to stand from under. When the returns are all in let our allopathic neighbor not point the finger of empiricism at us.

NEW PUBLICATIONS.

WHAT TO DO FIRST IN ACCIDENTS AND EMERGENCIES. By Charles W. Dulles, M. D., Philadelphia. Second Edition Revised and Enlarged. Philadelphia: P. Blakiston, Son & Co., 1883, pp. 116.

This little volume is open to one objection and that is its brevity. It is admirably suited for carrying in a buggy case, or an inside coat pocket, and is filled with suggestion, worth many times its money value; but its treatment, it seems to us, ought to be elaborated. In many instances, of course, its practice varies from that advocated by our school, but in the main the work is commandable. We have enjoyed its perusal.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M. D., F. R. C. P., first American from the fifth English Edition. Edited by Frank Woodbury, M. D. Philadelphia: The *Medical Register* Co., 1887.

This compilation has recently appeared in *The Medical Register* where it attracted such attention as very properly to induce that journal to put it into book form. It is compact, concise, and arranged in a way to make it accessible. We know of no little monograph, recently appearing, which seems to fill its place so well as this volume. The author states in this preface: "This work has reached a fifth edition, but it is not my fault, and I disclaim all

responsibility in the matter. I am told it has been the means of saving many lives, and I have no doubt this is true, for I hear that a gentleman who thought of poisoning himself changed his mind on reading the directions for treatment. He was of a retiring disposition, and objected to have a pint of hot strong coffee injected into his rectum."

BERND'S PHYSICIAN'S OFFICE REGISTER. Henry Bernd & Co, 2638 Lucas Avenue, St. Louis, Mo.

We have examined and used quite a number of visiting lists, but we are more than pleased with this handsome little volume, suited either for the pocket or desk. By a clever arrangement of pages, every alternate one being short, the account of a patient may be carried for an entire year with but one entering of the name, residence and occupation. The book is 12 x 17 inches; contains 92 pages; each page divided into seven spaces, thus providing for 644 accounts. It is alphabetically indexed, substantially bound, Russia back and corners and neatly finished. A number of physicians recommend it: among others Dr. J. T. Kent, St. Louis, says: "I regard it as the only Register in use adapted to the physician's needs—a great saving of time and all that is really required." Within a period of four months these books have been introduced into every State in the Union and Canada, and solely on their merits.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernest Ziegler, of the University of Tübingen, translated, in one volume, by Donald Mac Alister, M. A., M. D. Wm. Wood & Co., New York, 1887.

This is, without doubt one of the most valuable and deeply interesting works that has appeared for some time past. The space at my disposal is entirely inadequate to such a notice as its merits and value demands. While the subject-matter is severely condensed, an exceedingly wide range is covered, and the very latest information given in a clear, perspicuous, albeit sometimes dogmatic manner. To the student of surgical pathology it may be considered an indispensable work, one that he will find occasion daily, almost hourly, to refer to. Those who are competent to read it in the original give the translator unstinted praise for the fidelity of his work, yet is it a matter for regret that the style was not made a little more free from the peculiar German idiom. The value, however, is not entirely found in the translation, or the author's work; the notes, additions, and comments of the gifted translator are exceedingly apposite, and not infrequently materially reinforce the original text. This is particularly noticeable in the chapters on inflammation and brain-lesions. In this day of many books, none can afford to go without this, one of the latest and best.

EDITOR'S TABLE.

THE SOUTHERN HOM. MED. ASSOCIATION will hold its 4th annual meeting in New Orleans, Dec. 14, 1887.

H. F. BIGGAR, M. D., who has been having his regular bi-annual vacation abroad will return to Cleveland, Sept. 3, 1887.

DR. LEMUEL C. GROSVENOR, Chicago, has returned from an extended vacation by the sea shore and in the Old Bay State.

HOMŒOPATHY IN OHIO.—Dr. W. A. Frost who succeeded Dr. House at Tecumseh, Mich., says that he left a good practice open for an enterprising man at Sylvania, Ohio.

FOR SALE.—A yearly practice of $2,000 cash in a town of 4,000 population. Will be sold cheap to the right man, with house and lot if desired. Address, P. O. Box 273, Ballston, N. Y.

DR. J. B. HUBBELL, Washington, D. C., has been appointed by the President, associate U. S. delegate with Miss Clara Barton to represent the government at the International Red Cross Conference at Carlsruhe in September.

HOMŒOPATHY IN KANSAS.—Drs. Ordway and Pearman have established a Free Dispensary at Wichita, at 245 North Market Street, Dr. Van. Pearman Physician in Charge. They report great success in treatment, and assured progress for Homœopathy.

DR. C. H. GOODMAN, St. Louis, Mo., has accepted the chair of Theory and Practice in the St. Louis School (Hom. Med. College of Mo.). Dr. Goodman is a graduate of Yale '67 and of The Hahnemann (Phila.) '69. We congratulate the St. Louis School upon the acquisition of so valuable an instructor and of so popular and successful a practitioner.

ERRATA.—In Dr. Wakeman's article on Aconite (July) page 8, 5th line of first paragraph for "fever," read "fear." In paper on Catarrhus Æstivus (August) page 164, 21st line from top for "not" read "most." In Dr. A. L. Kennedy's statement (July), page 110, fourth line, instead of "prove but a waif on the sea of scientific pathology" read "prove but another wave of the sea of scientific fervor which like many of its predcessors," etc. Farther down, instead of "Homœopathy is already of record in too many cases" read "for Homœopathy has already on record too many cases."

DEATH.—Dr. Titus L. Brown, of Binghamton, N. Y., died Wednesday, August 17, 1887, at his residence. He was stricken with paralysis on the Thursday morning previous, becoming unconscious Saturday, and continuing so to the end.

They are often anxious, excitable but easily fatigued; recurrent epistaxis. (Drs. Hughes and Cooper prefer Ferrum phos.)

They are subject to neuralgia, which comes on after cold washing or overheating.

Throbbing pains, worse at night; this and nearly all the symptoms are better slowly walking about.

Girls that are chlorotic, great emaciation, face is pale, earthy, except where from exertion or emotion it flushes up and burns. Mucous surfaces are notably pale, hence it is an erethistic chlorosis; they are averse to meat; food tastes dry as if it contained no juices; they are tormented with spells of vomiting, worse just after midnight or after a meal, without the least nausea, or they suffer from heavy pressure in the stomach just after eating.

Menses are profuse, watery or lumpy with labor-like pains.

Analysis shows that Ferrum increases water in the blood and also diminishes its color; this happens when taken in excess for a long time.

They feel an overwhelming *ennui* which can only be overcome by great exertion.

They have varices on the legs which now swell to bursting; they are chilly all day with evening fever and fiery red face; palpitation annoys them with well-marked bellows murmur; throbbing in all the blood-vessels; they are so anæmic as to become œdematous.

On the abdomen Ferrum acts in a peculiar manner. The abdominal walls feel sore and bruised because the veins are distended; the walls are at the same time relaxed so that the abdomen feels as if bruised and shakes when they walk. This weakness and passive venous fullness is exemplified in the prolapsus recti of children (compare Ignatia).

In lienteria the bowels move even while eating, with much flatus.

In relaxed genitals with emissions.

Fevers; much congestion and fullness of veins, worse after abuse of Cinchona in malarial fever. (Compare in

this congestive condition with fullness of veins, Cinchona, Bell., Sulph., Phos. and Ferr. phos.)

Spleen large, anæmic; sweat too easily excited, with anxiety causing great debility (compare Cinch., Phos., Merc. v., Sulph., Ars., etc.); worse during motion and walking; violent after 12 P. M. to forenoon; worse during day or every third day.

Urine scanty, albuminous, involuntary urinating, especially by day. Ferrum phos. according to Drs. Cooper and Hughes, cures frequent desire to urinate; pain at neck of bladder and end of penis; must urinate at once which relieves; worse the more he stands.

Ferrum is indicated in prolapsus uteri. The best preparation here is the Iodide of Iron; for prolapsus or retroversion Dr. Preston recommends 1x and 2x.

Rheumatism of right deltoid (compare Sang. can.—Nux mosch. has rheumatism of left deltoid).

Violent pains in left hipjoint, worse till afternoon, better slowly walking.

Dropsy from loss of fluids.

In the beginning of inflammations, pulse full, (not hard as in Aconite,) before exudations have taken place. Sore bruised feeling; the inflammation is of a passive character.

Iron is a direct stimulant of the blood; but anæmia is not due to a want of iron in the blood. It stimulates the formation of both red and white corpuscles. It is not by any means a specific for anæmia.

Manganese is like iron as regards its hæmatine effects; but in nervous symptoms is more like Cuprum, Argentum and Zinc. Symptoms agreeing, it may be interpolated to favor the action of Iron in chlorosis, etc.

Manganese resembles Zinc. by causing progressive wasting, staggering gait and paralysis. Like Rhus, it causes acute fatty degeneration of the liver. It should be thought of in conjunction with Zinc. when the lumbar spine is affected; burning pain; back worse when he bends backwards; sticking in ischia when sitting; legs weak; tension here and there; anæmia.

PLUMBUM.

The salts of lead are extolled as astringents; with that view they are used in inflammations, hæmorrhages, ulcers, etc. It has the power to contract tissues with, as well as without, muscular fibre.

The first symptoms of lead are usually colic, a pain with retraction of the abdominal walls from spasms of the rectus abdominalis muscle, constipation, interrupted urine, retracted testes, cramps and hard acting neuralgic pains in various muscles. Later comes paralysis, first wrist-drop, gums blue at edges, when the lead becomes sulphide from union with sulphur in the tartar; this is generally only noticed in the uncleanly.

Paralysis with atrophy and coldness. The blue line on gums comes usually when the liver is growing smaller, abdominal fat wasting, skin and conjunctiva becoming yellow.

Lead retards the change of uric acid into urates, hence come arthritic deposits; all the symptoms seem to be due to the astringent action.

The nervous centers thus rendered anæmic display their irritation in spasms, hence the colic, cramps, etc.

Now, when the antero-motor columns of the spine have their cells disturbed so that motor impulses are not readily transmitted and paralysis ensues, atrophy of the muscles is certain. This may be because the tissues always waste when their function is destroyed, or it may be because there are trophic cells in the spinal cord, the loss of which necessitates defective nutrition. Thus Plumbum causes these changes and gives us paralysis with atrophy.

Again when the white fasciculi of the spine are deprived of nutrition or cannot transmit messages because of paralysis, their nerve cells waste or soften, their connective tissue increases, and as a result we have what are called secondary degenerations with muscular contractions. This Plumbum does. These degenerations are called scleroses and cause the genuine paralysis agitans; in these cases, the cerebral sclerosis by tremor preceding the paralysis. Thus Plumbum has tremor followed by paralysis. Thus

we have reasons for using Plumbum in paralysis preceded by mental disturbances, by tremor, by long continued dull, stupid feeling with atrophy, coldness, muscular contractions; paralysis after apoplexy, locomotor ataxia, delirium may alternate. This delirium resembles Belladonna, Capsicum. There is striking, biting, screaming, jumping out of bed; but in addition it has tremor of head and hands; yellow mucus in the mouth; black teeth; throws off the bedclothes; delirium increases as the senses decrease; paralysis as a sequelæ or suppressed colic with bloated abdomen; spasm of the glottis; globus hystericus. Spasm of the œsophagus, fluids go down but solids return; burning in œsophagus and stomach some time after eating; jaundice, sclerotic yellow. Yellow ulcers in the mouth; sweet taste; sweet risings; stinging in the region of the liver, better rubbing; gastralgia, better bending back and from pressure; menses flow when colic ceases; colic alternates with menses; stretching at night from uneasy feeling in abdomen; during pregnancy, uterus won't grow; abortion. Child takes strange positions when awake or touched, when it coughs, etc.

Cold, Digitalis, Secale, Veratrum vir. favor influence of lead on the circulation; Copper, Mercurius, Antimonium increase the wasting effects of lead. As very characteristic symptoms we have diabetes; hectic, dry cough, purulent sputa; emaciation, sweet taste, etc.

Albuminuria; contracted kidney; amaurosis.

Chronic gastritis, with vomiting of a thick mass like uncooked white of egg; violent pain; stubborn constipation.

Antidotes: Sulphate of soda, Magnesia, milk, etc. For lead colic: Alumina, Kali iod., Opium, etc.

Neuralgia: pains tearing down limbs may alternate with colic, deepseated chronic headaches, severe and persistent accompanied by melancholy and may precede epilepsy; later in life, *e. g.*, pressure from a tumor on brain.

Intussusception or strangulated hernia; obstinate constipation; obstruction of bowels; vomiting, smells like fæces. Compare: Opium; Scybula, no spasmodic constriction of anus; Alumina has an inertia of rectum, stools may be papescent.

Platina: Stools of a gelatinous nature, adhering to anus.

In pregnancy, when the abdominal walls do not readily yield; there is a sense of tightness of abdominal walls.

In lead colic use injections of warm water and soap, with a tablespoonful of lard. If this fails, use flax-seed water.

OPIUM.*

A LECTURE BY PROF. E. A. FARRINGTON, M. D.

I would that I had both opportunity and ability to convince the practitioner of the old school of medicine of the absurdity of his indiscriminate use of opiates. And I could hope still more earnestly, to dissuade Homœopathicians from hiding their ignorance under the anodyne effects of an occasionally interpolated dose of morphine or laudanum. The one class, ignorant of any other means of assuaging pains; and the other class too lazy to study their cases, seek relief for their patients in anodynes. Call them to task for their unscientific practice, and they meet you with the remark, "my duty is to relieve the sick." Let me rejoin: "at any cost; must you do what you know to be wrong?" "No, but how do you make it out wrong?" Let me reply by a brief resumé of the modus operandi of Opium and then if your question is not answered, I make no further objection to anodynes.

Opium causes at first a slight excitation of the nervous system. This period is short among Europeans, but much longer with Chinese and other Orientals. The imagination is pleasurably excited; the eyes roll; the heart is accelerated and pleasant hallucinations occur. Sometimes the throat becomes dry with thirst; and there is sexual excitement.

But soon there appear weariness, weight in the limbs and sleepiness. He may be easily aroused as yet, though he drops quickly to sleep again. Then the sleep approaches coma; he cannot be aroused; reflex action ceases; pupils

* Kindly loaned by Dr. E. Fornias.

contracted and not reacting to light. Muscles relaxed. Respiration slow, irregular, stertorous. All this time the face has been growing more and more suffused, the redness becoming a deep.brownish red.

Still later the surface becomes bathed in cold sweat; breathing is noisy and rattling; pupils dilated now; lower jaw dropped.

In some cases of poisoning an urticarious eruption develops; in others, an exanthem like that of scarlatina.

Now, these phenomena depend upon the action of Opium on the nerves. From irritation comes the first brief excitation. From the subsequent paralyzing action, come the drowsiness, muscular relaxation and coma. From the beginning the cerebral vessels are surcharged with blood and this continually increases until sopor ensues. Let me ask, then, when physiological sleep results from a *minus* of blood in the brain, if it is common sense to administer a drug which causes sleep by a *plus* of blood? Or, is it rational practice to assuage pain with a substance, which paralyzes and so relieves by taking away, *not the disease, but the ability to feel, the consciousness of suffering!*

But, further, we have yet to study the chronic effects of the drug. These are expressed in the forcible language of Hammer, who says that the opium eater looks like an "exhumed corpse." And, indeed, he does. He is pale, shrivelled, with relaxed muscles, absent appetite and great emaciation. Sleeplessness torments him and he suffers continually from neuralgia. This emaciation does not come from tissue disintegration. Indeed the drug rather retards tissue changes. It comes from diminished absorption of food, from gastric and intestinal catarrh, and also from lessened appetite by reason of loss of nervous sensibility.

To the Homœopath these facts are of inestimable value. He may employ the drug in apoplexy for instance, with just the symptoms already noted; and if the effusion is not the result of serious changes in the brain—softening for instance—he may expect relief or cure.[1] So too in de-

[1] See close of Lecture for Notes and Comparisons indicated by these numerals.

lirium, with loquacity; eyes wide open, face red and puffed.

And again, since the drug causes exanthem, we may use it in measles, scarlatina, etc., with the well-marked cerebral congestions, stertor, etc. Cholera infantum sometimes begins with stupor, or such a mishap threatens during its progress. Opium is often the remedy.

Alcohol in excess may call for its exhibition.

The spasms developed by Opium are partly tetanic. Patient bends backwards, opisthotonos, and rolls laterally. The face is bloated, dark red or purple, and deep, snoring sleep follows during labor, dentition, etc. Emotions may excite them. And Opium too will be found an efficient remedy for the immediate effects of fright or fear, be these effects what they may.[2]

The chronic symptoms of the drug have led to its successful use in marasmus. The little sufferers look like dried up old men. They have no appetite and are constipated, the movements looking like hard, dark balls.

The effects of opium on the involuntary muscles are well exemplified in the intestinal canal and in the bladder. The bowels become inactive and this, added to lessened secretions, makes the fæces as described above.[3]

The urine is retained, not suppressed, but simply held in the bladder from spasmodic contraction of its sphincter, as in fright; or from atony of the muscular fibres, as during confinement.[4]

Opium has been of service in incarcerated hernia and also in ileus: obstinate and complete constipation; vomiting, with such severe peristaltic action that the vomit contains fæcal matter, or, at least, has a fæcal odor.

Also in cough with gaping and drowsiness[5]—with spasms of the lungs and blue face. Cough of drunkards, with sputum of frothy, bloody mucus; legs cold, chest hot, even hæmoptysis.

Fever: chill, head hot, sleepy; body burning, hot even when bathed in sweat, a symptom of no good import, especially in brain diseases. Desire to uncover. Bed feels too hot or, unconsciousness.

Opium is antidoted by: strong coffee—Belladonna, Ipecacuanha, Muriatic acid (the muscular weakness).

Opium is often, like Arnica and BOVISTA, and also, perhaps, Ammonia carb., indicated in ailments from charcoal vapor.

NOTES AND COMPARISONS.

1. In apoplexy, compare: BELLAD., which Opium often follows. *Arnica*, which suits with full strong pulse, paralysis of limbs worse in the left; stertorous breathing. *Lachesis*. *Apis*, when the coma fails to yield to Opium. In apoplexy with convulsions, OPIUM, BELLAD., *Hyosc.*, *Laches.*, followed by paralysis: Arnica, Bell., Nux v., Laches., Rhus., by idiocy: Helleb.

2. In remote consequences of fright Opium does not always suffice. For consequences of fright, compare: GELSEM., (diarrhœa). *Pulsat.*, (diarrhœa, trembling, crying). VERAT. ALB. (diarrhœa, cold sweat, etc.) NATRUM MUR., chorea or paralytic weakness. PLATINA, SILICA.

3. Here compare: BRYONIA, which has lack of intestinal secretion and inertia, stools are large and dry. PLUMBUM, stools in balls, but with spasmodic constriction of anus. *Alumina*, etc.

4. Opium has been neglected after parturition. It is often better than Hyosc., Ars., Caust., etc. It differs from Stram., Zingiber, etc., in that it only causes retention, not suppression.

5. Cough and drowsy: *Ant. tart.*, Ant. crud., Cham., *Anac.* Cough with spasm of lungs: Ipecac., Moschus.

THE THERAPEUTICS OF SLEEPLESSNESS.*

A. C. COWPERTHWAITE, M. D., Iowa City.

Sleeplessness from febrile excitement: Acon., Ars., Bapt., Bella., Bry., Chin. sulph., Cinchona, Gels., Hyos., Opium, Phos., Rhus tox.

Sleeplessness from nervous excitement: Acon., Ambra, Bella., Chin. sulph., Cham., Cinchona, Cocc., Cocoa, Cyprip., Digitalis, Hyos., Ignatia, Kali brom., Moschus, Plat., Phos., Sticta, Scutel., Valer.

Sleeplessness from nervous exhaustion: Cocca, Cocc., Cyprip., Chin. sulph., Cinchona, Ferrum, Gels., Kali brom., Nux vom., Phos., Phos. acid, Sulphur, Zincum.

Sleeplessness from indigestion, etc.: Acon., Bry., Calc.

*From a paper read before the American Institute, 1887.

carb., Carls., Cham., Cinchona, Cocc., Ferrum, Fluoric acid, Ignatia, Iodine, Kali carb., Kreosote, Lachesis, Merc., Natrum mur., Nux vom., Phos., Pulsa., Sulphur, Zing.

Sleeplessness from intestinal irritation: Acon., Aloe, Ars., Calc. carb., Cham., Cina, Lycop., Merc. cor., Nux vom., Plantago, Thuja, Sulphur.

Sleeplessness from hepatic disease: Aloe, Ars., Bellad., Bry., Carls., Cham., Chin. sulph., Cinchona, Gels., Merc., Merc. cor., Nux vom., Phos., Sulphur.

Sleeplessness from dentition: Acon., Bellad., Calc. carb., Cham., Cina, Cuprum, Gels., Kreosote, Merc., Phos., Silicea, Sulphur.

Sleeplessness from heart trouble: Acon., Ars., Cactus, Digitalis, Gels., Naja, Lachesis, Rhus tox., Spigelia, Tabac.

Sleeplessness from uterine or ovarian irritation: Amg. br., Aurum, Bellad, Cim., Cocc., Cyprip., Gels., Hyos., Ignatia, Kali brom., Kreosote, Lachesis, Lilium tig., Plat., Phos., Pulsa., Sabina, Sepia, Valerian.

Sleeplessness from irritation of the male genitals: Agnus, Aurum, Cinchona, Cocoa, Phos., Phos. acid., Selenium, Staph., Sulphur.

Sleeplessness from mercurial or syphilitic affections: Aurum, Fluoric acid, Iodine, Kali iod., Lachesis, Merc., Merc. cor., Nitric acid, Staph., Sulphur, Thuja.

Of the remedies mentioned which deserve special notice are:

Aconite: Sleeplessness from arterial excitement; from nervousness resulting from fright, fear or anxiety, or from local irritation, especially in the intestinal tract. Always accompanied with anxiety, restlessness and anxious dreams.

Ambra: Sleeplessness during nervous or hysterical disease from generative irritation in women.

Arsenicum: Sleeplessness during malarial, typhoid, or other low forms of fever; from dyspepsia; from septic poisoning; from long-standing nervous or organic affections; always great restlessness and extreme prostration.

Belladonna: Sleeplessness from nervous excitement; from local congestions; from irritation in various parts;

flushed face, headache; starting on first falling asleep; moaning and tossing about; anxious, frightful dreams; especially in plethoric persons.

Calcarea carb.: Sleeplessness from irritation of dentition and in nervous affections arising therefrom; in scrofulous, rachitic and tuberculous affections especially in leucophlegmatic temperaments. Open fontanelles; sweat on back of head; frightful figures on closing the eyes; frightful, anxious dreams.

Chamomilla: Sleeplessness from nervousness; from local irritation such as worms or indigestible substances in stomach or intestines; during dentition; from hepatic disease; great restlessness; moaning, starting and tossing about; talking in sleep; irritable and peevish.

Cimicifuga: Sleeplessness in nervous, hysterical women, from irritation of the ovaries or uterus.

Cina: Sleeplessness from worms, or other intestinal irritation.

Cinchona: Sleeplessness from neuræsthenia, due to onanism, lactation, or loss of vital fluids from other causes; or after protracted illness. Also during malarial, hepatic, or gastric affections. Kept awake with ideas or plans crowding the mind.

Cocculus: Sleeplessness from night-watching; from hysteria; from nervousness.

Coffea: Sleeplessness from no apparent cause, or from nervous or physical excitement; from joy, or sudden pleasureable surprises; from long watching; from abuse of coffee.

Cypripedium: Sleeplessness from nervous exhaustion resulting from protracted disease especially of the female generative organs. An excellent remedy for sleeplessness when there is no apparent cause, and Coffea does no good.

Ferrum: Sleeplessness from excessive use of tea; also in pneumonia and chlorosis; weak, nervous persons with very red face.

Gelsemium: Sleeplessness from nervous irritation arising from bad or exciting news; from fright; from the anticipation of an unusual ordeal; from ovarian disease, or

asthenic fevers; from chronic spinal troubles, or during pregnancy, or after labor.

Hyoscyamus: Sleeplessness from excessive nervous excitement arising from jealousy, unhappy love, fright, or during the progress of nervous forms of fever, or convulsions therefrom. In pregnant or parturient women; or in children. In nervous, excitable persons; convulsive tendency; restless; starting; awakes with a cry as if in fever.

Ignatia: Sleeplessness from grief; fright; from suppressed mental suffering; and in children after punishment; from dentition; from hysteria; continual sadness and depression.

Kali brom.: Sleeplessness from nervous excitement; in pneumonic or nervous patients who are exhausted and irritable; from ovarian or uterine disease; during the puerperal state; after a drunken spree.

Lachesis: Sleeplessness during low forms of fever; and in the course of putrid diseases; during climacteric; from ovarian or uterine irritation; sleepiness without being able to sleep. Always worse after sleep.

Lilium tig.: Sleeplessness from ovarian or uterine irritation, especially from sub-involution and displacements; great depression of spirits, and sometimes tries so hard to go to sleep quick that she can't get to sleep at all.

Mercurius: Sleeplessness during bilious or irritative fevers and from liver disease; from ebullition of blood and anxiety.

Mercurius cor.: Sleeplessness in low states, and phagadenic condition from syphilitic or mercurial affections.

Moschus: Sleeplessness from nervous excitement with no other apparent cause.

Nux vomica: Sleeplessness in hypochondriac subjects; in persons of sedentary habits, or those who have dyspepsia, with gastric and abdominal troubles, and constipation from over-eating or high living; from excessive study late at night.

Opium: Sleeplessness from fright or emotion; in old persons or children; in drunkards; sleepy but cannot get to sleep; sleeplessness with acuteness of hearing; slight or

distant noises keep her awake; restless, uneasy sleep, full of visions and imagination.

Phosphorus: Sleeplessness from physical or nervous exhaustion; from excessive sexual indulgence or onanism; from spinal troubles; from liver disease; worse before midnight; lascivious dreams.

Plantago: Sleeplessness from abdominal troubles; cannot sleep after 4 A. M.; tosses about or falls into a dreamy sleep full of gloom and fright which rouses him up.

Platina: Sleeplessness from excessive nervous excitement; intense nervous wakefulness, especially from hysteria or ovarian irritation.

Pulsatilla: Sleeplessness from eating too much, especially rich, fat food; from uterine difficulties, especially menstrual irregularities; sleepless first part of night; sleepless late in the morning; restless; sensations of heat; wakes frequently as if frightened; especially women and children.

Rhus tox.: Sleeplessness in typhoid, and exanthematous diseases; great restlessness and tossing about; anxious, frightful dreams.

Scutellaria: Sleeplessness from nervousness without other apparent cause; pleasant thoughts crowd upon the mind preventing sleep.

Sepia: Sleeplessness during pregnancy or childbed, or from uterine disease or menstrual irregularities; great nervousness; sad and depressed; irritable and indifferent; sleep restless and unrefreshing; wakes in a fright and screaming.

Staphisagria: Sleeplessness from sexual neuræsthenia; from spermatorrhœa; restless sleep; anxious dreams with emissions.

Sulphur: Sleeplessness from scrofulous or mercurial diseases; restless sleep with frequent waking; violent starting on falling asleep; vivid, frightful, anxious dreams.

Thuja: Sleeplessness from sycotic or syphilitic affections; sees apparitions on closing the eyes.

Valerian: Sleeplessness from hysteria, and in other nervous affections, especially when the hysterical element predominates; wakeful and restless; can only fall asleep toward morning and then is troubled with vivid dreams.

COLCHICUM AUTUMNALE.*

GEO. WIGG, M. D., East Portland, Oregon.

This is a very curious plant and as it differs in its medicinal property from all other plants, so does it in its growth; for it puts forth its leaves in spring, its flowers in autumn and its seed the next year in midsummer. It is a native of Colchis, in Asia, and is suited to persons of an irritable, peevish disposition; easily put out of humor and very difficult to please.

If we consider the Colchicum headache, we find it of a pressing, boring character, often brought on by mental labor, and also from leaving the cold air and going into a room heated to 75° or 80° F.

Colchicum has vertigo when sitting down. We have twenty-eight remedies that produce vertigo when standing or walking, but only this one when sitting. It will not deceive you in those cases where a patient awaking about midnight and sitting up in bed, has vertigo to such a degree that the bed appears to go round causing him to grasp the sides with both hands for fear of falling out.

It will also be a friend to you in cases of iritis, when the pains are stitching and almost unbearable, with a sensation of constriction in the ciliary region, with great desire for rest, and disinclination for mental exertion.

In inflammation of the spinal cord it is of great import. See what a grand array of symptoms it presents: Perception lost; tongue heavy, stiff and numb, bright red and partially paralyzed so that speech is difficult. The vital forces sink so fast that in less than twelve hours he can neither speak nor walk. Forehead covered with cold sweat; both hands and feet are cold; oppression of the chest; spasm of the sphincter ani; laming pains in arms, which make it impossible to hold lightest thing. The abdomen is distended, tense and hard, and at the same time hotter than the rest of the body. The stools are liquid, black and offensive, or watery and bloody, with fragments of whitish

*Oregon State Society.

mucus, and almost invariably preceded by colic. The secretion of urine is scant, and what is passed is dark and turbid burning the urethra like fire, and deposits albumen.

It rivals Apis in dropsical and inflamed swellings of single parts, especially of eyelids and face, and no remedy will equal it in general dropsy of the skin in pregnancy caused by suppressed perspiration, from exposure to cold, damp and foggy weather.

You will also find it useful in those severe pains of the stomach with bilious vomiting which are very apt to precede an attack of convulsions during the progress of dropsy during pregnancy, and in Bright's disease in pregnant females.

When you find the milk of nursing mothers contain urea in excess, owing to derangement of the kidneys, Colchicum is your very best remedy.

Berjean recommends it in those cases of gonorrhœa in which there is increased secretion of urine, with urging; it is either brown, blackish or of a light yellow color, and turbid; occasionally it burns like fire, and passes off continually.

P. P. Wells, M. D., of Brooklyn, says that it occupies ground between Arsenicum and Cinchona, its almost entire want of brain symptoms placing it close to Arsenicum, while in its abdominal symptoms, the lymphatic distension of the abdomen, with watery diarrhœa and great weakness, it very closely resembles Cinchona.

C. E. Fisher, M. D., of Texas, writes me that Colchicum occupies a front rank, when the stools are reddish mucus; blood and mucus thoroughly intermingled; only a teaspoonful at a time of reddish gelatinous mucus voided with straining even after stool; cramping sensation in rectum and anus; with aching or tiredness of back and thighs. In young children I use the 200th, in youths the 30th and in adults the 3d to 6th.

E. M. Hale, M. D., tells me that he finds Colchicum very useful in:

(1) True gouty inflammation of the joints, when the urine is full of uric acid, scanty and high colored.

(2) In cholera morbus, due to a rheumatic diathesis, and excited by sudden changes in the weather.

(3) In gastric weakness, with loathing of the smell of food, and nausea after eating.

(4) In a catarrh of the colon in the fall, often called autumnal dysentery.

T. F. Allen, M D., says: "My attention was first called to Colchicum in the case of a pregnant woman suffering from albuminuria, who complained of coldness in stomach. Colchicum was prescribed, and it not only relieved that symptom but also the necessity to lie with her legs bent up to avoid the distress in the stomach caused by straightening them; it also stopped annoying attacks of vomiting from which she had suffered and diminished the amount of albumen in the urine."

"Later, a man suffering from chronic nephritis complained that he could not lie at night with his legs out straight on account of the hurt in his stomach and kidneys. This symptom came on as an acute aggravation of his chronic trouble. If he had been worried by his business and exposed to wet and had taken cold, he was in the habit of complaining of this soreness in kidneys, aggravated by straightening out his legs; Colchicum relieved." He says further, "associations of Colchicum symptoms I have found to be: Urine scant, dark, bloody. Feeling of soreness in the region of the kidneys, aggravated by straightening the legs. Violent pinching in the region of the loins and urinary passage, with constant desire to urinate. Feeling of tension in the region of the kidneys; he is obliged to bend himself double and lie still the whole day without the slightest movement, to avoid most violent attacks of vomiting. Feeling of icy coldness in the stomach with constant nausea."

Colchicum pains are tearing, jerking and lacerating, worse from evening till daylight, and increased by care or anxiety.

Another peculiarity of Colchicum is tingling in the finger-nails. The Lilium tig. has a prickling sensation at the ends of fingers, or sensation as of an electric current: Lobelia has a prickling sensation through the whole body,

even to fingers and toes, but I know of no other remedy but Colchicum that has *tingling in finger-nails.*

You will find it a boon in marked feeling of muscular weakness, especially in the arms and legs, as if paralyzed, and in debilitated patients.

MATERIA MEDICA NOTES.*

CONSTANTINE HERING, M. D.

RHODODENDRON.

Moroseness; great dullness on rising from bed in the morning. Intoxication from a little wine, like Nux mos. and Bovista. Wine aggravates the headache; also Zinc. A digging sensation in the head; feeling it most when lying in bed, after taking wine, and on a wet, cold day. It has flushes alternating with a sensation as of cold air blowing over the face.

EYES, NOSE: Shooting in eyes from within outward. Running coryza in open air; when rising in the morning a violent sneezing. Soreness of inner nose, with black scurfs. (Pains disappear when eating, and return two or three hours after eating.)

Toothache aggravated by thunder-storm, or the approach of a thunder-storm. Violent face ache going from gums to teeth, radiating over right face, worse from wet weather, and better from warmth. Shooting toothache with pain in head, the teeth get loose and the gums spongy. (An old fang of tooth fell out in one prover.)

Epigastrium much distended; stool not very hard, but darting. Diarrhœa in the morning after eating. (Ledum and Kalmia likewise.)

Menses attended with headache. After parturition, burning in uterine region, alternating with pains in the limbs. With the pains in the limbs the fingers are spasmodically drawn in towards the palms of the hands.

Tickling in larynx. Stabbing pain, as from a knife being thrust in.

* From lectures delivered in 1870-1.

Boring pain in region of heart. Strong beating of heart with slow pulse. Whole chest sensitive to touch. Shooting pain from back to pit of stomach; and pain from small of back into the arms. (Pains that are worse in the night, increased by rest, and relieved by moving, think of Rhus.)

The pains appear more *before* than *with* the thunderstorm.

A crawling sensation as if ants were creeping on parts. Radiating pains. Erysipelas. Bad effects of wine. In the affection of the great toe joint, often mistaken for bunion, but which is really rheumatic, Rhododendron is of great value. For true bunion from mechanical pressure, Silicea is preferable.

Rhododendron is analogous to and follows, as regards the testes, Pulsatilla, Aurum, and Spongia; as regards hydrocele, Clematis, and Graphites.

KALMIA LATIFOLIA.

Every motion causes vertigo. Pains in the limbs and weariness. Sensation as if something were loose in the head (Ledum similar). Cracking sound in the head, followed by shivering without coldness. Painful throbbing in head, worse in evening and after lying down.

Neuralgia every afternoon and during the night. Pain begins in back of neck and runs upwards. It also affects the face more on right side.

Painful parts are tender to the touch, relieved by cold and aggravated by heat.

The teeth were all sound but tender to touch. This was the case of a lady with regular menstruation but who suffered with neuralgia during the menses; two drops of Kalmia tincture in glass of water were given which brought relief; a few days after, however, the pains returned when a couple more doses of Kalmia effected a permanent cure.

Repeated cracking and electric shuddering, ending with sounding in the ear.

Running of nose with increased sense of smell with sneezing and hoarseness. Tearing in the root of the nose,

extending into the bones of the nose, causing nausea, which is better after dinner.

There is a sensation as if something were crawling in the throat immediately after eating.

Catamenia too early. (There is no proving to show that the menses were insufficient.—Ledum and Rhododendron also have catamenia too early.) Pains in the loins, back, and then pain in anterior part of thighs. Leucorrhœa one week after menses and all the symptoms return. Blue feet and hands; extravasations. Hoarseness, or sensation of pressure, as if some one with thumb and finger was squeezing the throat together. Expectoration very easy, gray in color, and putrid and saltish.

Shooting through the left chest, above the heart, through to the left shoulder. Pains go up. Rheumatic affection of muscles of chest; aggravation from every motion. (Bry.) (A man with this peculiar chest rheumatism was unable to walk; he took one drop of Kalmia in water, which gave relief and cured the case.)

For affections of the valves of the heart compare Kalmia, Ledum, and Spigelia.

SPIGELIA.

This is a plant of South America, used by the Indians for worms. The Indians of North America also gave it for worms; hence it is called SPIGELIA ANTHELMINTICA; also SPIGELIA MARYLANDICA because it grows in Maryland. It is also sometimes called "Pink root."

Many children have died from the *Spigelia Marylandica.* It has produced palpitations of the heart.

Worms have always been a curse to the homœopathic school because the tendency is to treat the worms instead of the patient. We may bring on diseases of the heart by using Spigelia too freely for worms.

A lady in this city vomited a few days ago a long worm of the size and length of the middle finger; she described the worm's eyes, mouth, etc., but on examining the worm it proved to be nothing but coagulated milk, having the shape and form of a worm. From this we see that we

must be very careful about believing everything the patient tells us.

In diseases of the heart in women with too profuse menstruation; weakness in the head; tortured with anxious images; they lose all presence of mind; giddy when sitting down. Every quick motion brings on palpitation; any emotion of mind brings on palpitation.

Quiet mind, full of care; don't like company; they tremble when they go into company; they sweat in company; their hands tremble.

HEADACHE: Pains commence on right side and go over to the left; worse from least motion, and from stooping. Headache extends into the eyes and into the teeth. Headache increases with the stool.

EYES: It has rheumatic inflammation of the eyes. A lady had inflammation of left eye, shunned the light, complained of violent pains piercing the globe through to the back of the head. She had had no sleep for four weeks. One dose of Spigelia 200 was given. Three days afterward the improvement began and gradually continued for three weeks when she completely recovered.

The more painful the pains of the eye or teeth, the more you must think of Spigelia.

There is boring, shooting, burning pains in eyes, going through to the bones of the skull. There are bluish rings around the iris. Eye-pains are worse in the open air. All things appear as through a mist. Patient complained on shutting the eyes that she saw a sea of fire (*Feuer-meer*). Child complained of itching in the eyes, followed by squinting. A few globules of Spigelia relieved the itching and cured the squinting.

NOSE: Coryza; phlegm very profuse, copious, tasting and smelling badly.

FACE: This is a great field for Spigelia. The muscle of the face seem to twitch a little. Face-ache coming in spells; it extends, involving different parts; red face and nose-bleed with the face-ache; also palpitation of heart and difficult breathing; slightest touch makes it worse, but relieved on heavy pressure.

TOOTHACHE: Very important in toothache. Principally the upper teeth and those in front. Sometimes during toothache a pain quick as lightning going upwards, causing screaming and convulsions. The face is pale with the toothache. With the face-ache the face is red; but often the face-ache is combined with toothache. Profuse urination with nervous spells. Moderate warmth relieves the toothache.

Stitches in right side of tongue, worse from every motion, the pain going upward like lightning; patient could not turn head to right side. Little swelling on neck, very painful. A few doses of Spigelia cured the whole affection, causing the lump on the neck to disappear.

Cures of stammering have been made by Bell., Calc., Bovista, Caust., Plat., and Spigelia.

Worm complaints; worse after dinner; rabid hunger and great thirst. Nausea better after first meal. Biting in nose; face pale; palpitation of heart; and enlarged pupils. Putrid smell from mouth; itching in nose and belly; throat inflamed, causing empty swallowing. Pain in head goes upward when from rheumatic origin.

GYNÆCOLOGY.

ENDO-CERVICITIS.*

GEORGE LOGAN, M. D., Ottawa, Canada.

In bringing this paper before the Institute, I wish to say that I have nothing new from my own experience beyond what may be obtained from authorities on the subject. My object in selecting this disease, endo-cervicitis, is to call your attention to what I believe to be a bar to our uniform success in the treatment of uterine diseases, *i. e.*, imperfect and unreliable female provings of some of our drugs on the female genital organs.

Of all the ills from which females suffer, endo-cervicitis, with its associated complications, *i. e.*, leucorrhœa and dis-

* Canadian Institute of Homœopathy, June, 1887.

placements, is perhaps the most frequently met with by the medical practitioner. Too often, indeed, it is the *opprobrium medicorum* of the profession. Two of the principal sources of these uterine troubles I believe to be social and educational. In accord with the morbid mental activity of the age, young girls are rushed through school with their studies by a persistent system of cramming which not only weakens the brain but arrests the development of the genital organs.

A short time ago I was consulted by an anxious mother respecting her daughter, sixteen years of age, a bright, intelligent girl, fond of study, and very anxious to obtain a prize offered by her teacher. She had headache attended by languor, losing flesh and mental animation. On inquiry I found her curriculum composed of no less than twelve subjects: arithmetic, grammar, reading and spelling, algebra, geometry, geography, French, music, writing, drawing and literature, eight of which must be taken each day. It would be superfluous, before a scientific body of men, to indicate the nature of the treatment in such a case. As Dr. Hammond (see *Popular Science Monthly*, May, 1887) very justly puts it, "she learned her lessons at the expense of her brain substance, the latter being lighter in specific gravity than in the male, that while the education may be as thorough it should not be the same."

As a consequence of this cramming in young girls, we have arrest of development of the uterus and ovaries in some cases. Having completed her so-called education, she is brought out into society as competent to assume the responsibilities of matrimony and possibly of maternity. Should she be a member of our fashionable circles, consecutive rounds of dissipation must be indulged in. The ball room with its attendant mental and physical excitement, its abnormal amorous indulgence, the incidental exposure of the body to sudden changes of temperature, are frequent causes of leucorrhœa in young girls. It is, no doubt, also injurious to married women if indulged in to excess. *En passant*, I may say that I am not insensible to the poetry of motion as manifested in the dance; when

indulged in at proper and reasonable times, and in a moderate manner, it is a healthy as well as an agreeable exercise. But the usual interminable and laborious whirl of the devotees of fashion approaches closely, in my estimation, to the borders of criminal indifference to the laws of health.

Endo-cervicitis is a disease mostly confined to married women, and more frequently observed in the parous than in the nulliparous. The causes are obvious—constitutional dyscrasia, imperfect development from educational and social causes already referred to, imperfect subinvolution, diseases incident to parturition—metritis, laceration of the cervix, abortion and displacements. Dr. Bennett, of Fitchburg, Mass., in a paper read before the Boston Gynecological Club, stated that laceration of the cervix during parturition forms not less than seventy-five per cent. of such cases among parous women. This seems to me somewhat magnified; at least, from my experience, it does not apply to our Canadian women.

The treatment of this disease is both local and constitutional. A difference of opinion prevails in our school upon the *modus operandi* of procedure, some favoring local and constitutional treatment, while others use constitutional treatment only. The majority of our specialists use both methods. The greater number of the old physicians of our school doubtless began treatment with constitutional means only. The larger number, not satisfied with their success in many cases, have resorted to local treatment in addition. As far as my information goes, the majority of our specialists, I believe, use both. My own experience, though I can not claim prominence as a specialist, is in favor of mild local treatment in some cases in connection with internal remedies. Except in surgical cases, I hope the time may come when we shall be able to rely entirely on our well chosen remedies in each case. Failures are too frequent, I regret to say, even after administering our best chosen remedies; this in no small degree has caused the use of local applications. Imperfect provings of our drugs on the female genital organs is, in my opinion, the great

desideratum to be overcome. Take, for instance, these cases of albuminous leucorrhœa, discharge remarkably tenacious, of light transparent color, hanging out of the os like a small rope, attended by a feeling of distension or fullness in the uterine region, and as is usual in such cases, more or less congestion and enlargement of the uterus or cervix. Such a case I have now under treatment. In my search for the proper remedy I found that some authorities recommend Alumina, Ammonium mur., Berberis, Borax, Bovista, Calcarea carb., Calcarea phos., Hydrastis, Kali bich., Platina, and Sulphur. Of these Kali bich. and Hydrastis seemed to suit my case best. These remedies were used in high and low preparations without, I regret to say, any apparent benefit to my patient. This failure led me to examine into the manner or nature of the provings of these drugs, and to my surprise I found that no uterine symptoms whatever of Hydrastis could be found in Allen's Materia Medica, a work claiming to give all there was then known of these drugs—in 1876. Dr. Allen, in his report of Lippe's class provings, by which we must infer that no uterine symptoms were experienced by the provers or were thought by him unreliable, reports as follows: "Miss S., ætat 30 [does not say if healthy or not], took one drop of Hydrastis, 30th dil., the first day and one drop of the 8th dil. on Wednesday and Saturday. Miss M. took one drop of 30th. Miss V., ætat 20, took one drop of the 30th dil." Then follows the poisoning of a woman, aged 75, with 60 drops; no uterine symptoms reported. In any case uterine symptoms, at the age of 75, can be of but little comparative value. Female, ætat 30, of scrofulous diathesis, used an infusion in order to relieve a sore throat, with deafness; used the lotion as a gargle and applied it by means of a cloth to the mouth, using a tumblerful in five hours, followed by an eruption on the mouth and chin like small-pox. No uterine symptoms reported.

In Hering's Condensed Materia Medica, published in 1878, only two years after Allen's, I find leucorrhœa, tenacious, ropy, thick, and yellow color, ulceration of the cervix and vagina, debility, prolapsus uteri. These symptoms

would, in a large degree, cover my patient's case, if reliable. Dr. Hering omits to mention the names of the provers from whom these symptoms were obtained, except that in a general way, in the preface to this work, he states that the material for this work was obtained from the manuscript of the Guiding Symptoms which was not published until some time afterwards. It is possible, therefore, that his information was obtained from Lippe's class provings, already referred to by Dr. Allen, where the uterine symptoms, if any, were ignored. When we are asked to believe that Hydrastis will produce ulceration of the cervix and vagina, and prolapsus uteri, we should surely be furnished with the evidence of the provers. We have clinical evidence of the value of this drug in superficial ulceration of mucous surfaces in some cases, when used locally. This, however, cannot be regarded as synonymous with a pathogenesis obtained from its internal administration. We can only interpret nature through her objective and subjective manifestations. Such is the proving of Hydrastis, as far as I am able to learn, and it appears to me remarkably unreliable as far as the uterine symptoms are concerned.

Then take Kali bich. From the symptoms given by Hering, it has ropy leucorrhœa of a yellow color; that of my patient being light color, but ropy in form. It is remarkable that of the eleven female provers mentioned in Allen, not a single uterine symptom is reported by him; and it is reasonable to suppose that Dr. Allen had access to all the sources of information in Dr. Hering's possession respecting these drugs. The nasal and pharyngeal symptoms of Kali bich. as given by Allen, "formation of plugs in the nostrils, nose constantly full of thick mucus, scanty acrid mucus was discharged from the nose, causing burning of the septum of the nose." Clinical experience has confirmed the truth of these symptoms, but, in the absence of evidence, it does not follow that bichromate of potash will produce ropy, tenacious, albuminous discharges from the cervix uteri because it will produce corrosive discharge from the nasal passages. Hering gives ropy, yellow

leucorrhœa, but does not give his authority for the statement; and in order to establish the truth of such a statement it would be necessary to use the speculum during the proving, as a ropy discharge at or from the os uteri is not likely to be of this form in escaping from the ostium vaginam.

The provings of Crocus and Sabina are equally imperfect, being mostly obtained from cases of abortion. Then in the provings of Platinum, Alumina, Ammonium mur., Berberis, Borax, Bovista, Calcarea carb., Calcarea phos., and Sulphur we have only the evidence of from two to five provers, except in the case of Sulphur—the latter being rather an extensive proving, some ten or fifteen females having proved this drug. In none of these drugs, however, do I find the ropy form of uterine discharge.

As a further proof of the imperfect female provings of some or most of our drugs, I quote from a statement made by Dr. Schmitz, of Antwerp, at the International Homœopathic Convention, held at Basle in August, 1886. During the discussion on our Materia Medica Dr. Schmitz said, "that the Materia Medica of Hahnemann was not free from imperfections. The proof of this appeared when one had carefully read some of the experiments made on persons with skin eruptions and piles, on epileptics, sufferers from migraine, etc.—all conditions recognized as morbid states indicating constitutional disturbance." Dr. Schmitz then quoted from the pathogenesis of several medicines—Agaricus, Anacardium, Alumina, etc., to substantiate his statement, showing that many of the symptoms recorded by Hahnemann were not obtained from healthy persons.

While pointing out these deficiences in the female provings of our drugs, I wish to acknowledge with sincere gratitude the inestimable value of the arduous labor of our great master, Hahnemann, and his fellow workers in this field of scientific research. This heritage so nobly begun and transmitted to us by him, must ever remain the foundation of our faith. This allegiance to the master's dictum, however, does not require of us a blind adherence to his errors, or to those of his provers; but it does demand of

us a strict adherence to scientific truth, while with a combined effort we endeavor to beautify and improve the structure erected by him. With the number of females now entering the profession, may we not hope that a thorough proving of our remedies will do away with the necessity of local treatment, except in surgical cases. I wish to state here for the benefit of young members of the Institute, that I have erred in some cases under treatment, in not being sufficiently careful in making up my diagnosis, partly from carelessness, and partly from a sense of delicacy on the part of my patients, for, I believe, no medical man should be too hasty in the use of the speculum; a careful consideration of each case will dictate the proper time to insist on a thorough examination of the diseased parts, to go on indefinitely with internal remedies when you have a case of extensive lacerated cervix, as occurred with me in a few cases, is highly reprehensible. I would advise you to avoid the mortification which a consciousness of dereliction of duty will inevitably produce.

The remedies which I found of most benefit in my patient, were Aconite, Belladonna and Actæa racemosa. Locally I used Hydrastis and Iodine after first endeavoring to remove the tough ropy discharge, which for a time baffled all my efforts to remove. Such was the tenacity with which which it adhered to the cervical canal, that in order not to tire my patient too much at one operation, I introduced the application through the discharge which is comparatively ineffectual.

I have since had better success through the use of per oxide of hydrogen which will dissolve the discharge to some extent, after which it can be easier removed. In order to obtain the best results from local treatments, all gynæcologists agree that the diseased surfaces must be cleansed of all discharge before the application is made. In cases of congested cervix or fundus, the use of glycerine by means of a small cotton tampon to the os is found to be of great service in lessening congestion. Iodine is now commonly used by both schools. Hot water, as recommended by Dr. Emmett, is undoubtedly of much assistance when

properly used; it must be persisted in, at different temperatures as the feelings of the patient may permit, and continue for hours if necessary. The application of Belladonna and Iodine, as the case may require, can best be made after the use of the hot water (in case hot water is used) and should be kept in contact with the os by means of the cotton tampons—while the hips are somewhat elevated. Marine lint, or refined oakum, is made use of. Dr. Parker, of Newport, states that it keeps sweeter and cleaner longer than any other appliance—applies it in the shape of a ring through the speculum. Dr. Philips, of Boston, considers wool* preferable to cotton, as it does not prick; it is made antiseptic by chemical treatment and acts well where mechanical support is required, as in use of pessaries for retroflexion and other displacements of the womb, superceding the use, in some cases, of the ordinary pessaries.

When endo-cervicitis is complicated with displacements —other means must be resorted to—some advantage may be gained by replacing the uterus in its normal position; when the case is of recent occurrence, this can usually be easily accomplished by the ordinary measures adopted by gynæcologists. In chronic cases, and especially when adhesion has taken place, it is much more difficult, and sometimes impossible to replace the organ. Much, however, can be done if the attachments are not too firm, by gradually elevating the fundus so as to put the attachments on the stretch, as suggested by Dr. Philips, of Boston, in a recent paper on this subject. This is done very gradually by manipulation per rectum and vaginum assisted by the knee and elbow position of the patient, packing the vagina with oakum, cotton or wool in the most favorable way to suit the nature of the displacement is now made use of. The uterine elevator will render valuable assistance, but some care should be used lest violence be done to the tissues of the organ, especially in cases of retroflexion while passing the instrument through the angle of flexion. The best instrument for this purpose, which I have yet seen, is Elliott's; it can be bent to the angle of flexion before

* Dr. Taliaferro, Georgia, first used it.

being introduced and afterwards by turning the screw the organ can be elevated gradually as the case may require. A forcible elevation of the fundus at any one time should be avoided, as it is apt to return again. A little at a time until the normal position is attained is safer. Dr. Emmett very wisely remarks that attempting to straighten a retroflexed uterus at once is about as sensible as to attempt the cure of a chordee by running a metallic sound through the urethra.

In the choice of remedies in such cases, we must anticipate some failures, until further female provings of drugs will supply us with remedies homœopathic to the original cause of the displacement. · Lilium tigrinum has some reputation in these cases. I have a case now under my care where the symptoms correspond fairly with this drug, and should the case be of sufficient interest, I will report it to this institute, D. V., on some future occasion.

Since writing the above paper, my attention has been called to a paper on the curative sphere of Aurum muriaticum natronatum in diseases of the internal sexual organs of women. Dr. Tritscher, while assistant at the gynæcological clinic at Tubingen, saw seven or eight cases of indurations, flexions, prolapsus and chronic metritis, showing the wonderful power of gold over chronic indurations and flexions of the womb, restoring the organ to its normal size and function. Should this experience of Dr. Tritscher's be confirmed by others we will possess a remedy of the greatest value in such cases. His paper can be found in the *Homœopathic Recorder* for May, 1887.

CASES OF CHRONIC DISEASE,—CURED.

THOMAS SKINNER, M. D., London, England.

DYSMENIA.—*Lachesis.*—The following interesting case was recommended to me by the young woman's mistress who had been "made a new woman" by my instrumentality. The poor girl had been in two of the leading obstetric and gynæcological hospitals in London, and by the

direction of her mistress and friends she had consulted five eminent lady's physicians (men) the names of whom are in my possession, and all of them are men of more or less note.

For four long years she suffered extreme agony once every five weeks, and, in spite of five old school physicians with lots of physic and any amount of "vaginal fumbling" she told me that she was not in the least benefitted by their medicines, by their pessaries, or by any operative procedures adopted by all the five doctors and the two hospital physicians and their assistants—most of whom by way of being "Job's comforters"—informed her that *her sufferings were incurable, because membranous.*

Status præsens.—February 27, 1886. E. P——, single, aged 25, consulted me for membranous dysmenia of four years' standing. She can not account for it in any way by anything that she herself had done at the time, or by any change in her social or other surroundings. With the exception of her monthly periods she enjoys perfectly good health and is able for her work as a head waitress. The pain is spasmodic and very violent while it lasts, it comes and goes quickly, and is invariably accompanied with fearful nausea and vomiting, which relieves the pain as a rule. The pain used to come invariably before the flow; now it is only during the flow. Monthly period retarded, but regular to five weeks, normal in quantity, dark clots and flow, and it always finishes with the passage of a membrane which is followed by complete relief to the nausea, vomiting and pain.

The whole monthly period is accompanied with chilliness which is relieved by warm hops; and external warmth and hops, and though they make her feel more comfortable, they do not in the least relieve the pain. *Warm stimulating drinks, as brandy, gin or whisky, toddy or wine, negus* AGGRAVATE HER SUFFERINGS; a clear proof of the presence of either a membrane or clots requiring to be expelled. Before her menses she is always irritable, which ceases when the flow commences. When out of sorts she is *relieved* by passing wind, by vomiting and by the bowels

acting, and the day before an monthly period her appetite is invariably ravenous. Let me add, that E. P—— has been repeatedly leeched internally and externally. She wore a Hodge's pessary for six weeks, which nearly drove her mad, and she was told that she was suffering from congestion of her womb.

At first the case was very puzzling. It looked like Magnesia carb., Belladonna, Pulsatilla, Lycopodium, and Viburnum; and all were administered in accordance with their similarity, but not one of them touched the pain and deathly sickness and vomiting. On April 2, 1886, I learned for the first time that all her suffering was located chiefly in *the left ovarian region and only during an monthly period.* I gave her a dose of Thuja 10m (F. C.) dry on her tongue at once, and I provided her with a powder of the same to be dissolved in water, and a teaspoonful to be taken every fifteen, thirty, or sixty minutes if in pain or sick during her next monthly period. E. P—— bungled my direction, but the Thuja did good, as on the 5th of May she called to report how she felt. She said, "It almost seems too good to be true, but I have been free from pain and sickness or vomiting this monthly period." She received more Thuja 10m (F. C.) to be taken as previously directed. Great was my disappointment when she called on June 2 and informed me that she had been "as bad as ever."

I took a fresh photograph of the case and I found Lycopodium pretty strongly indicated. Relief from passing wind up or down, irritability of temper before the flow, ceasing with the flow, left ovarian pain, *always worse about 6 p. m.*

Lycopodium cm. (F. C.) was given in one dose at bedtime, and the 1m. (F. C.) every fifteen, thirty, or sixty minutes, if low, irritable, sick or in pain during morning period.

July 9, 1886. Lycopodium no good, just like so much water on a duck's back. Empirically I gave her Viburnum op. 200 (F. C.), a dose once a week, and every one, two, or four hours if in pain during morning period.

September 14, 1886. Reports that she was sick, but she had less pain and did not last so long. *A membrane has passed.* Repeat Viburnum op. 200 (F. C.), a dose once a week in the interval, and every one, two, or four hours if sick or in pain during monthly period.

October 14, 1886. Was last poorly about October 2nd. It commenced with sickness and vomiting, severe pain, back and front as before, gnawing, griping and spasmodic, with slight relief from bending double. The Viburnum afforded no relief, and the patient did not observe a membrane.

I did not see her again until Nov. 25, 1886, and up till then I gave her only Sac. lac.,—my purpose being to start anew and as free from medicine as possible, in order that I might be better able to see which way the wind was blowing or was likely to blow. On this day I took the following photo.

November 25, 1886. "Always a large appetite for a week before every monthly period, and in spite of the increased appetite I feel very tired and heavy. As a rule, I feel better, brighter and relieved after the first day. In the interval I frequently suffer from whites day and night; it is a yellowish-green discharge with itching and tenderness of the parts. My face is always observed to be pale during my suffering." Add to this *the left ovarian irritation*, accompanied with intense agony in the same region and sickness and vomiting from reflex sympathy, and the fact that all her sufferings are limited, at least the pains and sickness, to *the time of the flow;* lastly, E. P. has always been *one week or five days behind her time,*—I felt every confidence in prescribing Lachesis 1m. (F. C.) three powders. One of them I placed dry on her tongue in my consulting room, another was to be taken dry on tongue if in pain or sick during her next monthly period, and the remaining powder was to be taken in water as often as necessary, if sick or in pain during the succeeding monthly period.

On March 9, 1887, I received the following note from E. P.:

"March 8, 1887, London, S. W.—*Dear Dr. Skinner:* I am sorry I have not written you before, but I called at your rooms and found you out. I am so glad to be able to say that the last medicine you gave me has done me so much good that I scarcely have any pain at all now, and no sickness whatever. It is about four months since you gave me the last medicine. I cannot express to you how thankful I am.

Yours most respectfully,

E. P."

August 22, 1887. I am glad to be able to state that E. P. has been free from dysmenia since November, 1886, nine months, and she has not passed a membrane during her menses since September, 1886. Whether the Viburnum, which she was then taking, is entitled to the credit or not, I do not say; but I will say this, that the last photo (Nov. 25) corresponds well to Lachesis in every particular.

CLINICAL MEDICINE.

"DOZING DRAUGHTS."

FRANK KRAFT, M. D., Ann Arbor, Mich.

CASE No. I.—In the summer of 1885, while at St. Louis, I was asked to see Mrs. C., an intelligent Irish lady, aged about 42, who had been suddenly seized with vomiting and purging. On arriving at the bed-side I discovered the patient to be a lady who had visited me some days before in relation to an unfortunate habit she had had of miscarrying about the third month. She was then, she informed me, verging on that period, and as she had such terrible attacks of nausea at irregular times she feared a misadventure if this was not checked. At this time I learned that she was married late in life to an elderly gentleman, that they had had one child (dying, however, soon after birth) and several miscarriages since. Both were exceedingly anxious for offspring. The personal habits of the lady were not of the best; an inordinate coffee and tea drinker, and—bearing in mind the nationality—also a frequent user of beer and kindred spirits. My advice was principally

hygienic, possibly some remedy, and a suggestion that ice cream was frequently relished by ladies in her condition and would "stay down" when other edibles refused to remain.

As I said, I found the lady, on this occasion, vomiting violently and purging simultaneously. It required but a moment to see that quick work must be done, else the miscarriage would supervene. Between the paroxysms I gleaned that shortly before noon Mrs. C. had gone to market, a distance of nearly a mile, had possibly become overheated; had sampled several pickles, some chow chow, butter, cheese, a "wiener;" had taken a little cider; also some soda, "but no beer, doctor; no strong drink, honest." To clap this climax of incongruities, feeling thirsty, and remembering the doctor's recommendation, she stopped a street vender and had a cup of ice cream. She was instantly seized with pains which she referred to the region of the stomach. Hurrying home, she took a little ginger, but all to no purpose. The pains grew worse and began to spread downward at the same time vomiting began, followed very soon by purging. The matter vomited was black; a burning sensation extended from the stomach to the mouth. "More water, more water!" and yet she could take but a sip. "I'm flooding, Doctor," proved only too true, for on examination the bed linen was found to be rapidly filling with blood. A digital examination under the circumstances was almost impossible, and on being made proved unsatisfactory. Evidently this patient must be treated regardless of the threatened miscarriage. "Doctor," said the husband, "you *must* give her a dozing draught, to stop that vomiting, for it's tearing things loose. For God's sake do all you can to save 'the little one.'" I gave one powder of Arsenicum on the tongue, and had the great pleasure of noting the toning down of the violence almost instantly, and in less than fifteen minutes, to cease entirely, my patient exhausted and sleepy, but *so* thankful for the "dozing draught;" when I left the bedside she was asleep. I saw her two or three days afterward, everything was again normal, and the lady, so far as I know, went

safely to full term. Query: Ought I not, according to some authors, have given Apis, or Sabina, etc., for the prevention of miscarriage at the third month?

CASE No. II.—Mrs. P., a lady verging on 70 years of age, had been a sufferer for years with heart trouble, (variously diagnosed by various physicians,) and who had latterly added to her other afflictions a contracted kidney—having but recently passed a right-sided renal calculus. The case was left with me during the temporary absence of the regular physician, with instructions to seek simply to ameliorate the suffering, it being an obviously incurable one. On my first visit I found ascites well advanced, the lower left limb being largely swollen, so also the dependent portions of the right arm, right side, right breast and throat with a gradual spreading to the left; there was utter inability to lie down—necessitating the upright position in bed; great thirst for cold drinks, but afraid to drink because it hurt her stomach; craving for oysters which made her sick; excessively irritable, quarreling with members of her own family almost continually; eyes protruding, pupils widely dilated; restless and tossing about; tongue coated, with ragged edges; frontal headache as if it would burst; pain in small of back like a knife thrust; craving for gin and water; loud belching which gave only momentary relief; mouth wide open gasping for breath; constant hawking from a tickling in the throat; burning and stitching pains from the region of the bladder to the top of the throat. Latterly she had had paroxysms of pain when she would spring out of bed and scream and try to throw herself on the floor. It would require the combined effort of all the attendants to hold and pacify her. During these paroxysms her face grew cyanotic, eyes widely open, also the mouth, emitting shriek after shriek; partly delirious.

On my first visit she was just "resting" from one of these paroxysms, when I gathered characteristic indications for every remedy known to me. One of the attendants plead with me for an anodyne, arguing that inasmuch as the case was an incurable one, why prolong the suffering? I will confess that for a moment I wavered, but

my 'early training' came to my aid and I put the temptation behind me. I knew what the attending physician had last prescribed, and rather than confuse my case I preferred continuing the remedy and going to my office to read up. I spent the better part of two hours looking up the symptoms but failed to find any one remedy indicated more prominently than the twenty or thirty others. So that I revisited the case feeling rather discomfited. As I approached the bedside I observed the patient's feet "glued" to the foot-board. I am not a believer in intuitive practice, but it is wonderful what a train of ideas that pair of feet started in my muddled pate. "Why were they pressed against the foot-board?" With a glance of withering scorn I was told "because the soles are so hot they must find a cool place." I will also admit putting a number of leading questions to my patient, simply to confirm the remedy to my own mind. I prepared six powders of Sulphur, giving the first at once dry on the tongue and the others at intervals of two hours until asleep.

Next morning I was much complimented on the effect of my "quieting powders," the patient having had six hours of consecutive sleep, and was then calling for something to eat. To me the inexplicable part of the proceeding was, that Sulphur seemed capable of producing sleep even while other remedies were being administered for prominent indications. The attendant who plead for the anodyne, would ask each evening for "some more of them 'quieting powders,'" and I am sure she believes to this day that I gave a veritable "quieting" powder under the pretext of a homœopathic remedy.

Case No. III.—Miss L. G——, ætat about 24, suffered "tortures" with neuralgia of the right side of the face; when possible to indicate any certain locality it was referred to the place formerly occupied by a tooth in the lower jaw. I was attending to another patient in the family at the time, and having just shortly before finished reviewing some notes I had taken at the I. H. A. meeting at Long Branch where Drs. Wesselhœft, Nash and others extolled the virtues of Magnesia phos. in right-sided neuralgia, I

gave this lady one dose on the tongue and dismissed the case from my mind. Before I left the house, however, I was called in to see Miss G. who was seemingly no better, but rather worse. I watched her for a few moments as she paced the floor holding her face, her head bent forward, and moaning piteously. The pain was still on the right side; the application of heat was grateful. Her eyes were sparkling, pupils widely dilated, cheeks a bright crimson, and the face moist with sweat. It never entirely ceased to ache, but there were times when it hurt less; then it would come again as quick as a wink and more painful than before. "Doctor, give me something to stop this pain or I'll go mad. I *can't* stand it. I don't care what it is, but give me me something. I'm losing my mind." How nicely a "dozing draught" would have fitted this niche! Instead, however, I gave one dose of Belladonna, and saw that neuralgic patient "keel over" on her bed as if struck by a blow from a hammer, and drop off to sleep.

Did Belladonna cure, or was it the Magnesia phos.; was it the mixing of the two remedies in the system; or did the Belladonna wake up the Magnesia phos. and cause it to act?

"SUNSTROKE" IN THE MOUNTAINS.

C. Q. NELSON, M. D., Carson City, Colo.

"Sunstroke" is so rare in the mountains that most persons doubt its occurrence at all. I have under treatment now a man, about 47 years of age, who was exposed on the 4th inst. at an altitude of about 8,000 feet, in the southwestern part of this state, to the hot sun during a hard ride. During the ride, or soon after, he was seized with dizziness, nausea and fainting, with severe headache and, I presume, delirium, though of the delirium I am not sure, as he did not come home or under my treatment till the 12th. But from what we can learn he had repeated attacks of dizziness, nausea and fainting and delirium, with severe pains in upper two-thirds of head. After an attack he would remember nothing about what had occurred, could

not remember names; temperature low and pulse below normal. What treatment he had before the 12th was old school, such as liver pills, 20 gr. doses of bromide of some kind, calomel and quinine, given successively in the order named, as near as I can tell.

When he arrived home on the 12th I was called to see him between 2 and 3 P. M. He did not know where he was and did not remember where he had come from. He had to ride something over 300 miles on the railroad in coming home. He complained of nothing but his head, but could give no description of the way it felt. Said they had given him too much. Pulse 48; temperature 100½. Gave Nux 200. He continued to suffer till 5 A. M., 13th, when he fell asleep and slept over an hour; from that time his head was better and in a few days he seemed to be free from all pain.

On the 13th I gave a dose of Belladonna 200 and Sac. lac. Still delirious.

14th. Seems to realize he is at home, but cannot remember names of persons or places. Seems to have the impression that he was not properly treated on the road home. Pulse and temperature about the same as 13th. Gave a dose of Staphisagria 200.

15th. About the same as yesterday. Gave another dose of Staphisagria 200.

16th. About the same as yesterday. Loss of memory being so marked, I gave one dose of Sulphur 200 in the evening.

17th. Was called in a hurry at 5 A. M. Patient woke from sleep with a scream and seemed to be strangled from a slight hæmorrhage from nose or throat. Pulse 78; temperature 101. Seemed very much prostrated. Sac. lac. By 8 A. M. pulse had fallen to 78, temperature to 100, and by evening it had risen a little again. Sac. lac.

18th. Somewhat improved over yesterday. Sac. lac.

19th. Condition much the same as yesterday. Owing to the continued slow pulse I gave Laurocerasus 1x (not having any higher).

20th. Condition not much changed, and gave another dose of Laurocerasus 1x.

21st. Not much changed, though seems a little better. Sac. lac.

22nd. Condition a little improved. Temperature normal and pulse gradually coming up. Sac. lac.

23d. Slight improvement. Sac. lac.

24th. Marked improvement in mental condition. Temperature normal. Pulse still slow but stronger. Gave another dose of Laurocerasus 1x.

25th. Slept well last night and feels well this morning; wants to sit up. Mind seems clear. Sac. lac.

Since he went to sleep on the morning of the 13th he has slept a good deal night and day but has been easily aroused. His breathing has been irregular at times. His bowels and kidneys have acted well. At first his eyes were sensitive to light but from about the 20th they were not sensitive and vision was impaired. Pupils dilated and contracted slowly and strong light was easily borne. To-day he sees better.

His diet at first was beef broth made from the lean meat cut in small bits and put in cold water and cooked a short time and seasoned with salt only. As he retained this well we gave poached eggs at times with buttered toast, then let him have some baked apple or ripe peach, or currant jelly on light bread. For drink, cold water. He has moaned frequently when awake since he has been at home but complained of no pain after his head quit hurting.

I don't claim anything for this treatment but it has been a hard case to treat. About the nearest he could come to describing his symptoms was to say when asked how he felt "first-rate" or "I don't know." What his symptoms will be from now on or what I will give him I don't know. I would like to see something by one of our Homœopaths from the region of "sun-strokes."

The Homœopathist soon finds that by a careful individualization of his cases, he not only has very little use for hypnotics but is seldom tempted even to alternate a remedy for the sleeplessness, with some other remedy for the remainder of the symptoms.—*Cowperthwaite.*

IVY POISONING TREATED HOMŒOPATHICALLY.

M. E. DOUGLASS, M. D., Danville, Va.

In the August number of the ADVANCE is an article on "Catarrhus Æstivus," by Dr. Lippincott, in which he says:

"And, dear reader or International, do not waste valuable time in giving Anacardiun, Belladonna, Bryonia, Rhus tox., high or low, or any of the many recommended remedies, or the local appliances for ivy or sumac poisoning, except a strongly saturated solution of the crystals of hypo-sulphite of sodium. This preparation, if used at the onset or soon thereafter, frequently applied, will cure the patient in from one to three days, quicker than by internal medication and the poisoning will not reappear, except from a renewal of the cause."

As this is calculated to mislead the younger members of the profession, I wish to raise my voice against it. I know nothing of the properties of "a strongly saturated solution of the crystals of hypo-sulphite of sodium" in this affection. It may do all he claims for it; but I *do* know that the potentized remedy, when indicated, will cure as speedily and permanently as he claims for his saturated solution. I will give three cases lately occurring in my own practice, among a score of others, and will take the last case first:

CASE I.—Aug. 9. Called to see Sam., aged 7, son of Mr. J. L. P. Found him suffering with rhus tox. poison. Large blisters between toes and fingers full of a yellowish liquid. Complained of a stinging pain all over his body. Face enormously swollen, entirely closing both eyes; discharge of tears, which, he said, burnt his face; could not bear the light. A large œdematous bag-like swelling under both eyes. I gave him Apis mel. 6x, one tablet every four hours.

Aug. 10. Swelling nearly gone, and better every way. Sac. lac.

Aug. 11. Found the patient at play in the yard, apparently as well as ever.

CASE II.—Aug. 5. Lewis, aged 11, called at my office at 9 A. M. with rhus poison. A sore on right hand, dorsal

region, as large as a silver dollar. Sore consisted of several little blisters, size from a pin's head, up to half a pea, full of clear liquid fluid. Crot. tig. 30x.

Saw him next day playing ball; he showed me his hand, and it was all well, except that it looked red, as if it had been slightly burned with mustard.

CASE III.—June 3. Called to see Joe D., aged 16. Got poisoned two days before, while on a picnic, with poison ivy. Face and hands, feet and legs to knee swollen. Face swollen most; fiery red, covered with blisters, containing yellow lymph. Great deal of burning. Between fingers and toes several blisters of a large size, same characteristics as those on face; limbs painful, better when walking about. Tongue coated, with the characteristic triangular tip. Wanted a gourd of cold water at his lips constantly. Rhus tox. 200 in water, spoonful every hour. This was at 6 A. M. At 10 A. M. saw him again. The soreness in limbs better, and burning in face better.

Stopped the medicine and gave Sac. lac. in water every three hours; left word to call me if needed.

June 5, the patient walked into the office to get medicine for his mother's headache. Said he felt perfectly well.

[A serious objection to the treatment recommended by Dr. Lippincott is to be found in the fact, that Rhus rarely ever affects two persons in the same way, as illustrated by the above cases. It is absolutely impossible for the sulphite of sodium, or any other remedy, to cure every case of rhus poisoning; and he who depends on any one remedy to cover every case, irrespective of its individuality, will certainly meet with some mortifying failures.—ED.]

INTERMITTENT FEVER: EUPATORIUM PERF.

H. G. GLOVER, M. D., Marquette, Mich.

I have a case of intermittent fever to report. It is interesting to me for several reasons:

1st. It was my first experience with the disease, it being very rare up here.

2nd. It was cured with the single remedy, and according to our law.

3rd. It proved to me the usefulness of a work on that subject of which the editor of the ADVANCE is the author.

CASE.—T. K——, æt. 27. Irish. Had only been in this part of the country a short time. Came from New York here, having previously been in New Jersey, and had been at work on a new railroad in upper part of this peninsula, where he had poor fare and worse lodging, it being "on the cold, cold ground." Had first chill July 23rd. The disease assumed the tertian type. Friday, July 29th he reached Marquette, after having walked two days. He came under the observation of a believer in Homœopathy, and Monday, August 1st, I was called to see him. When I reached him, the sweating stage had just begun. His chill began at 7 A. M. and lasted two hours. Commenced in back; spread over the body, and ended with vomiting. Somewhat thirsty before and during chill. There was some soreness of the muscles, though the characteristic bone pains of Eupatorium perf. were lacking. Tongue heavily coated, yellowish. The indications were not as sharp as one could wish when anxious to make an accurate prescription; owing no doubt to the fact that the believer in Homœopathy had already given him Aconite, Cinchona, Nux vomica and Gelsemium, during a period of three days. After carefully considering the case, I decided to give Eupatorium perf. I put fifteen drops of the 2x (the only preparation I had in my case, and four miles from my office) into half a glass of water and directed a teaspoonful to be given every hour, for three hours, and then every two hours during apyrexia.

August 3rd. Had another chill, somewhat earlier in the morning, and not so severe. Gave Eupatorium perf. 200, three powders, to be taken two hours apart, after the paroxysm, and to be followed by Sac. lac.

August 5th. Chill at 6 A. M. Less fever. Continued Sac. lac.

August 7th. Chill at 5 A. M. light. Sac. lac.

August 9th. No chill, but fever. Sac. lac.

August 11. No chill or fever, but a slight headache. Continued Sac. lac.

I saw him to-day, August 23rd, and he was doing *very* hard work. Was feeling well, and has had no indication of a recurrence of the old trouble. His bowels which were obstinately constipated during his illness, and for which he had been in the habit of taking "physic," are now regular, and have been since he began to recover. Not a day passed during his illness, that there was not from one to three "sure cures" recommended to him by his fellow workmen, and which he was anxious to try; but I held him to "the single remedy, and the minimum dose,"—and he is now very grateful to me for it. Could "quinine" have rendered him better service? I think not.

GREEN DIARRHŒA.*

H. P. HOLMES, M. D.

M. Hayem, at the Creche Saint Antoine, has studied the dyspepsia of infants and the green diarrhœa, always so grave, which is prevalent there. Having noticed that every time an infant affected with green diarrhœa was brought into their wards it produced a sort of an epidemic, he was led to consider this affection as contagious.

But after he ordered the immediate removal of all soiled linen and their disinfection with the sublimate solution the green diarrhœa ceased to reign.

M. Lesage, interne, had found in the stools a special microbe, a bacillus, agglomerated in large masses.

Finally, M. Hayem is said to have marvelously triumphed over this affection, as grave as common, with Lactic acid, given in doses of 40 to 60 centigrammes (6¼ to 9¼ grains) daily, in the form of a solution 2 parts to 100, 5 to 8 spoonfuls in twenty-four hours, a quarter of an hour after nursing.

According to the theory of M. Hayem the bacilla only multiplies when there was already a dyspepsia. Then the medicine acts either in rëestablishing the digestive functions or in sterilizing the bacilla germs.

* From *L'Art Medical* for June, page 453.

Further, . . . I will say that Lactic acid is a remedy for infantile diarrhœa, like Phosphoric acid, which is the type of the series in our school. In the healthy man Lactic acid produces a very remarkable nauseous dyspepsia and diarrhœa, even when taken in very small doses, as anyone may assure himself by consulting the pathogenesis of this remedy in *Allen's Encyclopœdia.* Lactic acid, then, acts here conformably to *the law of similars.* It is an experimental fact, and it furnishes in this question a basis more solid than the microbe theory.

[Apropos of this article I will cite my only experience with this remedy. I was called September 6th to see a babe, ten weeks old, having strong symptoms of spasms from intestinal irritation. The face was flushed, the eyes rolled upwards, the child stiffening backwards, frequent green diarrhœa and some nausea. Gave Belladonna 3x every half hour, and the babe soon recovered from the spasmodic condition, but the diarrhœa continued with almost constant signs of nausea. There was frequent gagging, but not much vomiting. Stools undigested, curdy and mixed with a bright grass green mucus, and watery. Gave Ipecacuahana, which controlled the nausea, but it had little effect on the character or frequency of the stools. The family were very anxious about their little one, and I determined to try Lactic acid. One-half drachm of the commercial dilute Lactic acid was put in one-third of a goblet of water and a teaspoonful given every two hours. At the end of twelve hours the diarrhœa was under control, the green character entirely gone and the babe improving nicely.

Allen's Encyclopœdia gives in the pathogenesis of Lactic acid the following symptoms confirmatory of the case: Face flushed; rush of blood to the head and face; *constant nausea;* diarrhœa; great jerking of muscles; spasms of different muscles, etc.—H.]

HOME, even if humble, is better than a hospital—even though the latter be palatial.—*Carleton.*

KALI NIT. IN DIARRHŒA—CHRONIC ULCER—CATARRH OF THE BLADDER—A MORBID DESIRE.

G. E. CLARK, M. D., Stillwater, Minn.

KALI NIT. IN DIARRHŒA.

CASE No. 1.—H. N. ate of veal for dinner. Following day much rumbling in the bowels, with sharp, cutting pains. Evacuations frequent, loose and painful.

3. P. M.: Took one powder of Kali nit. 200. Pains ceased, with no more loose or painful evacuations. Three hours afterward, the pains slightly returning, one other dose was taken, with entire removal of the trouble.

CASE No. 2.—G. E. C. ate heartily of veal for dinner. Awoke early on the following morning with sharp, cutting pains in the bowels. Tongue coated white, and tasteless. Frequent loose evacuations, smelling very badly.

Kali nit. 200, two powders, promptly relieved.

CHRONIC ULCER OF NINE YEARS' STANDING.

F. P., formerly a soldier in the German cavalry. Strong, robust constitution. Nine years ago severely bruised the crest of left tibia. A chronic ulcer resulted. Has closed two or three times under treatment, but on returning to work it soon appeared again; as a result has remained a cripple most of the time at home, doing light work.

Condition March 30, 1887: Large, irregular sore on the anterior aspect of middle third of left tibia. Whole lower limb looks very red and angry and very sensitive to touch. Edges of ulcer surrounded by raised border of unhealthy granulations. Base of ulcer filled with red, spongy granulations. Profuse secretion of nasty yellow pus. Lower limb covered with vesicles, secreting a sticky fluid. Cannot sleep but two or three hours, night or day, from a *tormenting itching* on this leg, thigh, back of the hands and wrists.

This itching is made worse from heat, hence cannot lie in bed, but sits up in the chair all night. Ulcer has a putrid, rank smell.

Psorinum 2m, one powder.

Adhesive straps were placed about the limb and a protective bandage applied about the whole.

This treatment was continued till May 1, when the ulcer was entirely healed and the man returned to hard work, where he has remained all summer. The medicine was only repeated twice thereafter on account of the terrible itching, which did not disappear for two months later.

The man has regained a condition of health he has not known for years. The three little powders accomplished in two months what the combined allopathic talent of the city had been working at for nine years and failed; viz., to cure that ulcer and keep it cured while the man was at work.

CATARRH OF THE BLADDER.

M. C., guard at the prison, has had trouble in urinating three or four years; very frequent, with dribbling a few drops. It often stains the linen yellow. Worse afternoons and in damp, cold weather. Some pain over left kidney and left iliac region; better after moving about and in warm weather. Sweats easily and often takes cold, when he suffers from sore throat. Dislikes sweets.

April 14: Dulcamara 200, three powders.

April 24: While taking the powders felt very much better. The medicine seemed a strong tonic for the bladder. Less dribbling and feels much stronger. Dulcamara 200, three powders more, completed the cure.

DERANGEMENTS OF PREGNANCY.

Mrs. W., in her fourth pregnancy, became possessed with an irresistable desire to smoke tobacco. She had never smoked before and was much opposed to the habit. However, warned by the experience of a friend who—possessed with a similar desire, had refused to gratify her abnormal taste and hence brought forth a son who would persist in smoking while yet a very small child—she demanded and was furnished with a box of cigars and used them freely.

By accident learning of this state of affairs, I administered one dose of Tabacum 200. The desire for tobacco was immediately removed, and remained so till her confinement, three weeks later.

INOCULATION TO PREVENT YELLOW FEVER.

HAROLD B. WILSON, M. D., Ann Arbor, Mich.

Two years ago Dr. Dominguez Freire, of Brazil, published certain investigations of his on the subject of yellow fever, claiming to have discovered the bacilli of the disease, and a means also of preventive inoculation. His efforts to attract public attention to his investigations were seconded by the Louisiana Board of Health, which, through its president, Dr. Holt, brought the matter first before the American Public Health Association, and finally into Congress in the shape of a bill providing for a commission of inquiry with an appropriation of $40,000. This bill was killed, however, largely, perhaps, through the violent opposition of the *New Orleans Medical and Surgical Journal*, and instead a sort of substitute was tacked on to the civil appropriation bill, by which the appointment of one commissioner with power to investigate to a limited extent, was finally secured.

Dr. Geo. Sternberg was called to the position; sailed for Brazil last spring; spent the summer in his investigations of the subject, in connection with Dr. Freire, and returned home in time to present the results of their researches to the section of public and international hygiene at the recent meeting of the International Medical Congress at Washington. This body warmly endorsed the work these gentlemen had done, and called upon the profession to assist in securing governmental aid to carry on "co-operative investigation of results obtained by yellow fever inoculation." The matter, therefore, comes to the attention of the medical profession with high recommendations. The resolutions adopted by the section of hygiene are marked by evidences of scientific caution:

"WHEREAS, Inoculation against yellow fever, if it proves successful after further examination, is calculated to benefit the human race throughout the world; and

WHEREAS, The facts presented by the experiments of Dr. Dominguez Freire afford reasonable promise of its protective influences in Rio Janeiro; therefore

Resolved, That this section recommends the co-operative investigation of results obtained by yellow fever inoculations as protective against that disease, and that adequate appropriations by the government represented in this Congress be made for that purpose.

Resolved, That this action be communicated forthwith for consideration in the general session of the Congress."

It would not seem unreasonable to suppose that any candid medical man, with the best interests of his profession at heart, would give his support to such resolutions. Nothing is asked for but encouragement (and government money) for researches, which, if they produce all they seem to promise, will be of great value to mankind. Unfortunately, however, Congress and the medical profession are often hard headed. The Homœopathic Yellow Fever Commission of 1878 presented to Congress a report in which it was shown that under homœopathic treatment from 50 to 150 more lives were saved in every thousand cases than under allopathic treatment. They asked for no extensive appropriation of public money to carry on only promising researches, but offered the government and the medical (allopathic) profession the benefit of their observations and the *certain means of diminishing the death-rate one to two-thirds*, and all at no cost, save acceptance. But with what to a layman would seem incomprehensible blindness, the offer was neglected, and should there be another epidemic of yellow fever in the South to-day, thousands of persons would needlessly perish through this neglect. But this new fad arises from their own ranks, and so perhaps our "scientific brethren" will not scorn it. It is a question, of course, how much reduction of mortality or frequency of the fever this proposed inoculation will effect, and whether or not it will lower the allopathic death-rate to a point as low as that reduced by Homœopathy. If it should share the same position of scientific uncertainty now occupied by inoculation for small-pox and rabies, and if yellow fever should persist in becoming epidemic every few years in our southern cities, in spite of "germ cultures" and "inoculations," then we respectfully call the attention of Congress and the allopathic profession once more to the report of the Homœopathic Commission above referred to.

CANCER OF THE STOMACH.

WILLIAM A. HAWLEY, M. D., Syracuse, N. Y.

In the August number of the MEDICAL ADVANCE is a very interesting and carefully prepared paper by Dr. C. W. Butler on "Sulphuric Acid—A Proving," which suggests some questions worthy of consideration by all Homœopathists. Having given the symptoms of the drug as a basis for his opinion, he says: "In cancer of the stomach it should prove an excellent palliative. In a case where I diagnosed this disease, a diagnosis confirmed by an allopathic and one of our brightest young surgeons, great relief was afforded to many distressing symptoms, especially the vomiting of curdled milk (milk being his principal diet), the coffee ground vomiting and the sense of exhaustion." Surely he had reason to expect such a result, but "a post mortem examination revealed the fact that there was no cancer at all." Here is an intimation of the common notion that cancer of the stomach is incurable, but it is at least an open question if this very case is not a proof to the contrary and the patient afterward died of other causes? As the case is not fully stated, we have no clue to the answer of this question, but why do we admit that cancer of the stomach is incurable? Is it not, like all diseases, dynamic in its origin and progress? If so, is it not reasonable to expect it to be cured by a similar dynamis, that is homœopathically? If we accept it as a foregone conclusion that it is incurable, does not that very fact put the physician in a state that renders it impossible for him to do his best in a search for a similar? On what basis do we found this opinion that it is incurable? Is there any other than old school testimony for it? Is their prognosis to be accepted as final by the true healer? The coffee ground vomiting is often seen to disappear and with it other symptoms of cancer on the administration of the similar. When such relief is obtained how do we know that we did not cure a cancer? Does a subsequent autopsy if no cancer is found, prove beyond question that we did not cure and that there could not have been any cancer in

the case? How soon must the patient die after such relief from the similar, and the autopsy reveal an entire absence of cancer, for such absence to be positive evidence that there had been none? Our old school brethren have a very easy way of discrediting our cures. They have only to deny the correctness of the diagnosis. This they do under all circumstances. Is it not time for our school to cease, even tacitly, to admit their conclusions? What good Homœopathist, of any extended experience, has not again and again cured patients who had a scirrhous tumor in the breast? Have we no reliable cures of women suffering with uterine cancer? Let us be done with the implied confession that to know the law of the curative relation of drugs to disease, and to obey it disqualifies one for knowing what is the precise condition of the patient, and when symptoms compel us to give a certain name to the condition, which symptoms disappear on the administration of the similar, let us boldly claim the case is *cured*, regardless of the name, and when a like case occurs and we not cure, let us not be compelled to feel that we were too busy seeking palliatives for a case prejudged incurable to use due diligence in seeking the similar, or that we have been so anxious to give relief that we have failed to give the true remedy sufficient time to do its work and spoiled our case by too frequent repetitions.

MORBUS BASEDOWII.*

S. LILIENTHAL, M. D, San Francisco, Cal.

After discussing the several theories promulgated about the essence of Basedow's disease, Moebius continues: In Morbus Basedowii one organ is regularly found affected, which has only lately found its just consideration. Whereas formerly the thyroid gland was considered only as a mechanically acting apparatus, a blood-regulator of the brain, recent researches show that the thyroid gland develops a

*Prof. P. J. Moebius.—Translated from *Centralblatt f. Nervenheilkunde*, etc., 8, 1887.

very important chemical activity. The experience of our surgeons, that the total extirpation of a struma causes a cachexia strumipriva; the experience of physiologists, that dogs and monkeys, after the extirpation of the gland, die under similar manifestations; the experience of physicians, that in myxœdema, which nearly shows the same symptoms as the cachexia strumipriva, the thyroid gland is constantly gone—all this shows that the loss of the thyroid gland produces in the whole body deep-seated nutritive disturbances; decidedly hinting that this gland plays an important part in the chemical activity of life. May we not also conclude that in constitutional diseases, where we regularly find, not a diminution, but a visible enlargement of the thyroid gland, that such a change is the next cause of the disease? These diseases are the cretinismus of the Morbus Basedowii. Several authors, when speaking of myxœdema, utter similar ideas. Comparing Morbus Basedowii with myxœdema, we meet a number of corresponding points. Both diseases are chronic, afebrile, leading to cachexia, and finally lead to death; both attack middle-aged women in most cases. In both the thyroid gland is affected, the activity of the heart changed, mental functions suffer, and skin affections show themselves. On the other side the picture of myxœdema is the reverse of Basedow's disease: here enlargement, there diminution of the thyroid gland; here acceleration, there slowing of the activity of the heart; here attenuation, increased heat, excessive perspiration of the skin, there thickening by accumulation of mucine, coldness, superficial dryness of the skin; here increased irritability, irritable debility of the mental activity; there slowness. May we not explain the similarity and the difference, that in myxœdema we find a cessation of the function of the thyroid gland; in Morbus Basedowii a morbid activity of the same? It cannot be gainsaid that in some cases other manifestations appear long before the struma, but the latter may be diseased though the touch still fails to detect it.

REMARKS.—In the May number of the ADVANCE Dr. Stover publishes an interesting case of exophthalmic

goitre cured by Spongia tosta 3x. We can endorse the remark found in Raue's Pathology, p. 182: that the most efficient remedies are such which are capable of acting especially upon the heart and the thyroid gland, as Baryta carb., Bromium, Cactus grand., (which we doubt, as both diseases show a degenerescence in the nervous system) Phosphorus, Silicea and Sulphur. We would like to add Badiaga, which is only another species of Spongia. Hughes, in his Therapeutics II, 223, cites Jousset and Kidd who benefitted their cases with Belladonna (a mere palliative), others with Glonoine and Amyl nitrite, and refers to an article in the thirty-third volume of the *British Journal of Homœopathy* by Dr. Wheeler, and to another one by the former editor of the *North American Journal of Homœopathy*, Vol. XXV, 380. In the latter article the Salts of Barium and of Sodium are especially recommended for study and we might well add, with the light shed now upon it, in both diseases, perhaps the higher potencies of them in Morbus Basedowii, the lower one in myxœdema. From Lycopus virginicus I never witnessed the least benefit, nor much from any of the so-called cardiac remedies. They do not reach the source of these diseases and our main reliance must be on antipsoric (anti-neurasthenic) drugs.

If ever a third edition of my Homœopathic Therapeutics should be issued, I would strike out Belladonna, Lycopus and such palliating drugs and insert in their places:

Aurum (muriaticum natronatum): Prominent, protruding eyes; tensive pressure in eyeballs, which renders vision difficult; fiery sparks before eyes; vertigo on stooping, with confusion; palpitation of heart with cutting pains and feeling of anguish and tremulous fearfulness; painful swelling of submaxillary glands; chronic induration of uterus; swelling of axillary glands; marked dyspnœa, with anxiety of the heart; weak heart and weak pulse; *enormous goitre disappeared long after* increased bodily and mental irritability, with great debility. (Guiding Symptoms II.)

Baryta carbonica: Great mental and bodily weakness; dimsightedness, cannot read; *Morbus Basedowii;* eyeballs and lids inflamed, with photophobia; tension as from a

cobweb over face, temples and scalp; nose and upper lip swollen (myxœdema); sensation as if the face was swollen; painful swelling of submaxillary glands; diminished sexual desire and ability; violent, long-lasting palpitation; swelling of glands in nape of neck and occiput; fatty tumors, especially about the neck: worse in damp air.

Bromium: Protrusion of eyes; anxious feeling about the heart; violent palpitation of heart, she cannot lie on right side; goitre, glands of neck much swollen; encysted tumors on neck; continued desire to urinate, with tickling sensation in top of urethra; sweat from the least exertion or exercise; emaciation; debility. Enlargement of thyroid in persons with light hair, blue eyes and fair skin.

Conium: Protruding eyes; movements of eyes as if they were pressed outwards; weakness of vision; profuse epistaxis without heat; frequent nosebleed; increase of the goitre; anxious sensation in heart with rapid action of the heart; pressure in precordial region as if the heart would be pressed down, with oppressed breathing; palpitations on rising, after a stool, after drinking; heart's impulse weak; pulse rises from emotional excitement, but soon quiets down again; frequent micturition, especially at night; profuse urination; tremulous weakness after stool; nervous prostration; constant absence of vital heat and constant chilliness.

Kali bromidum and Natrum sulphuricum deserve our study in myxœdema; Kali carbonicum perhaps more in Basedow's disease. We see thus that we can do more than merely palliate, even in cachectic diseases, but let us never neglect those hygienic measures—fresh air and good nourishment—as without these necessary adjuvants our treatment, be it ever so good, is apt to fail.

[We thank our indefatigable contributor for so frequently directing the attention of the profession to a grave error in the writings and teachings of many of our German contemporaries, who persistently adhere to the empiric method of prescribing for Morbus Basedowii, Myxœdema, and other constitutional ailments. If they would implicitly follow the plain yet simple teachings of Hahnemann,

there would be less heard of the incurability of these grave affections, because they would be cured in their curable stages. It matters not whether it be Belladonna or Bromium, Cactus or Spongia, Lycopus or Silicea, Aurum, Baryta or Sulphur, if the remedy be chosen in accordance with the totality of the symptoms, objective and subjective, and due regard paid to the psoric, sycotic or other constitutional taints, there would be a different tale to tell. —ED.]

ARUM TRIPHYLLUM.

EDWIN WEST, M. D., New York.

A child of Captain Eakins ate about forty pellets of Arum triphyllum, 30th potency. Very soon after he was affected with enuresis. Wetting himself about every five minutes and making him very cross and irritable with flushed face. His mother feeling alarmed at the symptoms came about three miles to consult me, bringing the empty vial to show what medicine had produced the trouble.

I cite this case to prove that medicines of the 30th potency may produce morbific effects.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia. EDITOR.

HAMILTON'S SURGERY.*—A thoroughly revised edition of a work so well known to all surgical practitioners does not need a journal introduction to the medical public. Wherever surgery is known and practiced "Hamilton's" is a hand-book, and the popularity of earlier editions may be held to be a guarantee of wide appreciation of the present. The masterly treatment of every subject, freedom from "fine writing," originality in thought and style, modest and yet authoritative—combine to make it a book

*"Principles and Practice of Surgery." Frank Hastings Hamilton, M. D. Wm. Wood & Co.: New York. Third edition, 1886.

that the student can scarcely do without, and the practitioner find of daily service. The most noticeable deficiency, if such it be, is a poverty in illustration; the cuts are few in number, mostly very old and familiar; they really seem inadequate. It is not forgotten that many excellent authorities are disposed to dispense with the aid of the engraver. It would seem, however, that they undervalue the importance of *good* cuts. Of course a good thing may be overdone, and cuts of no value as *illustrations* may, and frequently are employed; nevertheless too many such illustrations is a better fault than too few. In binding and press work the volume is all that can be desired, in keeping with the value of the work. It will be a long time before a text-book on this most important department of medicine will appear that will relegate our old friend to the top shelves of our book cases. Thousands have drawn inspiration and knowledge from it in the earlier editions, and thousands more will doubtless find similar profit in this the latest, most complete, and, alas! the *last*.

UMBILICAL HERNIA.—Mr. C. B. Keetley, (*Ann. Surg.*, Sept. 1887), has a very valuable paper on the treatment of umbilical hernia, in which at least two interesting features are found. The first, as a matter of course, is an account of a somewhat original operative procedure, based upon Macewen's operation of the inguinal variety, a sort of invagination. His method is to gently twist the sac "passed a stout cat-gut ligature in and out through it, very carefully separated the peritoneum from the linea alba above the hernial aperture, passed a needle up into the artificial space thus made, and with this needle carried the cat-gut (already threaded through the sac) into the space, and out through the linea alba. Then, on pulling the cat-gut tight, the twisted sac was, of course, pulled into the space between the peritoneum and the linea alba, reduced *en masse* as it were." By reference to the cuts accompanying the paper, it would seem that the hernial opening is then drawn together by a deep twisted suture. He states that there is always a point, usually at the lower margin of

the opening, where separation of the sac from the margin is impossible. He now makes no attempt to separate it, and does not find the success of the operation prejudiced thereby. The second point of interest, is that dieting, especially under the Banting system, will almost always be beneficial to the hernia. He says he got this idea from Banting's own pamphlet. He said his umbilical hernia disappeared while he was under treatment.

CLASSIFICATION OF TUMORS.—Messrs. Monod & Arthraud have attempted a new classification of tumors, that while carrying out the embryonic theory of Cohnheim, presents some new features. The principles enunciated are clearly stated, seem well fortified by acknowledged facts, and can scarcely fail to give valuable hints in therapeutics and prognosis. Dr. Pilcher, (*Ann. Surg.*, Sept. 1887) in summing up the argument, gives a résumé of Cohnheim's teaching as follows: "He holds that all tumors proper, are due to some trouble or vice of development. At some period of embryonic life are produced certain involutions of the blastodermic layers, resulting in the formation of an isolated cellular mass in the tissues which remains quiescent and does not assume activity until a period at a greater or less distance from birth. The various types of tumors, and the differences in structure which they present are easily explained by the consideration of the period of embryonic life at which the involution occurred. According, as this were early or late, the elements of the included part are more or less differentiated; when, under an influence still unknown, life is awakened in these dormant elements, the evolution continues at the precise point where it was arrested, and produces either an embryonic tumor, if the arrest has been early, or a tumor formed of adult tissues if it has been late." According to this classification we have two grand divisions, *true tumors*, and *trophic* (or inflammatory) *neoplasms*. Under the first head:

1. *Teratoma*, from all these blastodermic layers.
2. *Mixed tumors*, from two layers.

3. *Pure tumors*, from a single layer.

Accepting this classification as correct, and known facts are strongly in its favor, we will be obliged to revise our ideas of curability by internal medication. The *trophic* or inflammatory growths, are purely adventitious, and histologically have the "characiture" appearance referred to by Rindfleisch, and may be assumed, on general principles, to be amenable to the action of remedies. Of course there are some weak points in the chain of reasoning, it could not be expected to be otherwise; the difficulties, however, to a ready classification of a given form, are not as great as would at first appear. A typical growth can at once be placed in its proper place; viz., of ectodermic, mesodermic, or entodermic origin; so with the teratoma also. It is the atypical specimen that will give trouble.

SCIRRHUS OF THE BREAST.—There is nothing more uncertain than a diagnosis based upon a written history, without personal examination. On the other hand, a written account sometimes contains an important word or sentence, overlooked by the writer, and of the utmost importance to the reader. Thus in August number of the *Minnesota Medical Monthly* (p. 90) we find a report of a case of suspected scirrhus of the breast, in which there are one or two symptoms tending to throw some doubts on the diagnosis made by the writer. The description of the tumor as he saw it, certainly gives warrant for assuming its carcinomatous character, and one in an advanced stage. The early history is thus given: "During the past year she has had a number of swellings, or lumps as she calls them, in various parts of the body, the first one appearing in the right groin, then one or two appearing in the right axilla; these lumps would become hard and painful, then after a time softer, break through the skin, and discharge." Now this is *not* a history of scirrhus; rather one of lymphoderma, possibly lympho-sarcoma. While scirrhus has often been cured, spontaneously and otherwise, there is no record of secondary disease having been cured by any means, nor does it seem possible to secure such an event. Had the

report of this case commenced with the tumor as the doctor saw it, there could have been no question of diagnosis; the antecedent history seems to be fatal to the correctness of the diagnosis. The history, furthermore, would almost infallibly have led to a profound cachexia by the time the doctor saw the case, and such a stage has never, so far as I know, been followed by recovery. The remedy (Phytolacca dec.) has never been credited with a relationship to such extensive tissue changes as characterize carcinoma. Unfortunately for clinical value, *Arsenica iodatum* was alternated with the former remedy, and the probabilities are, very reasonably, that this was the curative agent. The above is not written in any critical spirit, far from it; the report is of great value. The reporter, Dr. C. C. Huff, of Huron, Dakota, is not satisfied with his diagnosis, and yet he may be right. If he is, the case is very unique, the history being unlike any reported case of carcinoma with which the writer is familiar.

ANÆSTHETICS.—It has long been known to most surgical practitioners, that anæsthetic agents in common use occasionally seem to require individualization, in fact to come under the same rules that therapeutic agents are generally. That is, one agent is of more value than another in certain cases, and not always for the same reason. Thus sulphuric ether seems to produce a more perfect suspension of reflex sensibility of the perineum than chloroform. In almost any other region or tissue the reverse is true. Within the last few months a number of articles have appeared, in many journals, in all parts of the world, differentiating still further. Dr. Carpenter, in the *New York Med. Record* (Feb. 6), and H. B. Millard (*ibid* Jan. 29), summarize these observations with reference to the use of ether in cases of Bright's disease, incipient, active, acute or chronic. Chloroform is quite generally credited with far better results. Some time since, the so-called "Hasley's mixture," the familiar "A. C. E.: 1. 2. 3." was generally conceded to be the proper agent for cases of nephritic trouble, and experience would seem to fully confirm the original teaching.

Ether again, according to GERSTER (*Ann. Surg.*, Aug., 1887), is to be avoided in some forms of pulmonary trouble, particularly in cases of "chronic catarrhal affections of the bronchi of the aged, and perhaps of infants." Referring to the pneumonia so frequently observed in such cases, he says: "The very profuse secretion and inspiration of saliva into the air-passages seems to be the main cause of this pneumonia observed after the inhalation of ether; the cold fumes of the drug seem to blunt the sensibility of the bronchial mucous membrane to such an extent that the entrance and presence even vomited matter does not excite a sufficient stimulus to vigorous reflex action or coughing, especially at the end of prolonged anæsthesia." I have seen, somewhere, the expression that "mixed anæsthetics are only diluted chloroform." This is an error. The addition of alcohol, ether, or other agents to chloroform makes a new agent entirely, chemically as well as therapeutical. We have something to do in perfecting the differentiation of anæsthetic agents, and the above will serve the purpose, perhaps, to call the attention of surgical practitioners and students to an interesting and profitable line of study.

BULLET WOUND OF THE BRAIN.—Simply as a matter of news, attention is called to a case of brain surgery of interest. A man was shot, with a pistol, the ball entering the skull back of the left ear (the account is taken from the *Inter-Ocean*) and ranging a little downwards, and directly "across to the right side." The account is thus given by the reporter, and while lacking in some of the details required by a medical reader, is sufficiently precise for our present purpose:

"As operations of this kind are so rare, and the case has excited so much interest, a reporter for *The Inter-Ocean* prevailed upon one of the gentlemen present to detail the steps of the operation. It seems that Dr. McDonnell was placed under the influence of ether by one of the house surgeons, and then brought into the operating-room of ward 9, the emergency ward. Here the scalp was shaved and disinfected around the wound for the distance of a hand's breadth; then the ghastly powder-burned bullet wound

behind the left ear was irrigated with a bi-chloride solution, while the surgeon, Dr. Steele, selected for the performance of this delicate and critical piece of surgery, proceeded with a razor-like knife to make a cut three inches long behind the ear, directly over the wound, down to the bone. Then, with a curious chisel-like scoop, he peeled away the flesh and muscles from the skull, leaving the bone bare and white, with an ugly ragged wound in its center, through which this bullet had passed into the brain. Out of this hole brain substance was constantly oozing. Next, the bleeding vessels were caught with constricting tweezers and tied with catgut; then fifteen or twenty broken, shattered pieces of skull were carefully picked out of the brain, and the surgeon carefully explored the wounded brain for the bullet, which was soon found and located two inches under the brain itself, in a direction downward and forward from the point of entrance. Dr. Steele carried a pair of forceps along a guide to the bullet, and as he extracted it and held it up to his *confreres*, said: 'Here is the bullet, and probably we have saved this man's life; at least, we have given him the one chance to recover by undertaking this operation.' A rubber drainage tube was then inserted, the wound carefully washed out, and packed with iodoform gauze, and layer after layer of medicated cheese cloth, and over all a starch bandage, when he was removed to bed from the operating-room and a huge ice bag placed around his head to combat inflammation. The operation was certainly a brilliant success, and bids fair to save his life and prevent another murder being added to the long list of the year. Altogether, it is one of the most remarkable cases we have ever been called upon to report, and reflects credit upon the surgical staff of the hospital.

"The wife of Dr. McDonnell, who was also removed to the hospital, has almost recovered from the slight scalp wound from which she suffered, and is under treatment for internal troubles, from which she has suffered for some time." (Aug. 13, 1887.)

DRY DRESSING IN SURGERY.

H. KNAPP, M. D., Lathrop, Cal.

I cannot but think that Dr. Eaton, in the ADVANCE for September, 1885, has resurrected one of the "Lost Arts" of Surgery, and I thank him for bringing to mind so vividly some of my early experience in this direction.

Perhaps nearly every medical student when fresh from his *Alma Mater*, with his diploma safely ensconced in its tin case, and the voice of the professors still ringing in his

ears, imagines he is some day to be a second Sir Astley Cooper in surgery, a Gregory or Eberlee in practice, or some other great light of the profession.

My aspirations were directed to surgery in a curious way. I attended church—sat in the gallery and sang in the choir. A fine old gentleman sat directly below me who had a monstrous tumor on the top of his head, large as a hen's egg, glistening and shining like a ripe apple. This abnormal appearance constantly annoyed me, distracting my attention from the sermon time and again.

One day he was in my office and I asked him why he did not have that great lump cut out. He said he did not know it could be and did not know who could do it. I replied, "If you will let me I will remove it." He seemed much surprised, but consented to let me try, and we made an appointment. I read up "Cooper's First Lines," the only author on surgery I had, and at the appointed time my subject was promptly on hand. I displayed my "armamenta" to the best advantage possible, consisting of an old style dissecting case, and commenced on my first surgical operation. I made two elliptical incisions, leaving integument enough in the center so that the free edges would coaptate after the tumor was removed, dissected around the tumor and turned it out "slick as you would peel an onion," as Professor Rogers, of Geneva, N. Y., used to say before the class in surgery. After sponging with cold water, I brought the edges of the scalp together, put in three stitches, applied a dry compress, and with his handkerchief tied under the chin he went home with something of a sore head. In five days took out the stitches, and in a week it had completely healed by first intention. The second Sunday after that the old gentleman was in his seat at church as usual, minus the lump on his head, much to the surprise and relief of the people, those in the gallery in particular; and as soon as known how it all happened I at once became famous, much to the gratification of my ambition as a surgeon.

Soon after this a lady from his neighborhood called on me, with a tumor in her breast. She had been told by an

old 'physician whose circuit adjoined mine that it was a cancer, and he could "eat it out," but as a woman had just died under his eating process, she dared not let him undertake it, and wanted to know if I could cut it out.

I found a hard indurated tumor, involving about three-quarters of the gland, with occasional sharp, lancinating pains darting through it. I told her I could remove it without danger, that to "eat it out" would require a long time and might prove dangerous.

She was very anxious to have it removed and readily consented to an operation, so we appointed a day when I would be at her house for the purpose.

At the appointed time I was on hand, feeling very brave, taking with me a lady—mutual friend—expecting her husband would be there to assist, but he was absent, so concluded to operate at once with only the lady's help. I have often since thought what a foolhardy performance that was, in view of my inexperience and ignorance; with only a timid lady for help, no chloroform or any of the appliances of these days to alleviate pain—it being over forty-five years ago—when even now, with all these aids, a lady informed me she had a small tumor removed from her breast, not long since in Oakland, where three physicians were present to assist. But "fools rush in where angels," etc.—you know the rest—so I rushed ahead, seated her in a common rocking-chair well tipped back, made my two elliptical incisions as in the former case, dissected around the hard substance, and, at the last clip, pop went the artery.

I had intended to avoid that, but the tumor extended farther than I expected, and, as I turned it out, jet, jet, came the arterial blood. Luckily the woman fainted, thus stopping the flow, and we carried her to bed. The artery had retracted within the intercostal muscle, but I could just see the point and, as I had no artery forceps, I hooked it up with my tenaculum, the lady holding it while I applied the ligature, and after sponging out the cavity with cold water, brought the flaps together, inserted a few sutures, applied dry compress with bandage around the

waist, and left her quite comfortable. In five days removed the sutures and ligatures; there was complete union by first intention, and in a week the woman was about her work as though nothing had happened.

Soon after this, the old doctor hearing of the success of my operation on his patient, called on me to consult in reference to a tumor in a young lady's breast, a patient of his; said he was intending to "eat it out" by a cancer caustic he prepared, but if I would operate, he and her friends would prefer to have it removed by the knife. I very readily consented, feeling much elated at my triumph over the old doctor. The family lived some six miles from Brooklyn, Mich., in the town of Cambridge. At the appointed time I was on hand; the doctor, a preacher, and nearly the whole neighborhood was there to witness the operation. The entire gland was hard and indurated, so had to remove the whole. I made two elliptical incisions, from the superior portion of the gland, coming to a point below, dissected around and removed it entire. When I cut the mammary artery the blood spurted to the ceiling, but I was better prepared for it than before. Caught it very soon, tied it, sponged out the cavity, inserted several sutures, applied dry compress, bandage, etc., and left her very comfortable. Saw her the sixth day, removed stitches and ligature; no discharge, but completely healed.

This is the last I saw of her till several years after. We met on the cars as my wife and I were returning from the state of New York, where we had been visiting my parents. She spoke to me and asked if I did not remember her. I could not till she pointed to her left breast. She had a child nursing on the remaining breast.

About this time I had a call to see another woman with a tumor in the breast, but as the axillary glands were affected I told them it would not be safe to remove it, for it might return in another place. They were not satisfied with my judgment and got a surgeon from Ann Arbor to operate. My prognosis proved correct, for she died from its return in less than a year.

The notoriety I had gained brought everything of that

which the patient is advised to consult a specialist. Strabotomy is performed without a proper anatomical or physiological knowledge of the extrinsic muscles of the eye, with usually bad results. Simple tenotomy for paralytic strabismus is performed, and great surprise is expressed at the poor results.

Ear diseases are generally very badly treated. Mastoid abscesses are treated with poultices and anodynes until death relieves the sufferer, and numberless minor affections are totally misapprehended, both in diagnosis and treatment. The reasons which I hove adduced should be sufficient to convince every sensible and honest physician of standing in the profession not to tamper with such cases.

I can assure you that what I have said is not actuated by mercenary motives, as these neglected and badly treated cases are far more profitable to the specialist than any other class.

CORRESPONDENCE.

LOITERINGS IN EUROPE.

BERLIN, August 2, 1887.

Editor Advance.—The University of Berlin is one of the largest and best in Europe. There are four faculties—theology, law, arts or philosophy, and medicine. It is said that the course in philosophy is unsurpassed: after its completion the degree Ph. D. is not conferred for two or three years, the candidate in the interval pursuing his studies while traveling, or by teaching or otherwise.

Very few students take a full course at any one university, but the majority of German students complete the last year or two at Berlin. The standard is very high more especially with their own countrymen, there being more latitude extended to Americans: the reason of this is that Americans are expected to return to America while the Germans will most likely continue to make Germany their home, where the supply of professional men is greater than the demand. The curriculum calls for four and a half to six years: each year has two semesters, the winter five

months and the summer three. For thoroughness I will cite one instance: if one should take a course in Electrotechny, the science of applied electricity, a knowledge of the high mathematics would be demanded.

There are 5,000 students in attendance, of which number 2,500 are medical. Berlin is a medical center. It has been and is now the home of many illustrious physicians. The hospitals are very large, the clinical harvest abundant and well garnered by skilled reapers. Charitie Hospital has 5,000 beds which includes the Insane Department. The Queen Augusta and the Queen Elizabeth Hospitals are very large. The hospital now building, the city Hospital, will be the largest in Europe; it will have 5,000 beds and no Insane Department.

At Charitie met Profs. Bardeleben and Gusserow, Bardeleben is surgeon-major of the German army, thus outranking every other surgeon in the Empire. His appearance is prepossessing, a very solid man with a benign expression, tall, well formed, grey eyes and about 65 years old. His teachings are very thorough and his operations very successful. His tracheotomy was well done, as also the amputation of the hip-necrosis of tibia, removal of mammary gland and the treatment of fractures of humerus and femur.

The woman's clinic of Prof. Gusserow is very largely attended, the operations were interesting, being, subcutaneous injections of ergotine, after Hildebrandt, for uterine fibroma, aspirating for hematocele, and a variety of displacements.

Prof. Olshausen is another gynæcologist of the University and takes the place of the late lamented Schrœder. His clinic is held at the Women's Hospital, the Universitäts Fräulein Klinik, No. 13 Artillerie Strasse. The building is new and very convenient—the most suitable structure for a hospital that I have yet visited. The wards are well ventilated, clean and cheery. He has two operating rooms, one for lacerations, mammary diseases and vaginal hysterectomies. The other is for laparotomies. The former is well lighted and ventilated, with a cement floor slightly

slanting to the operating chair, where a drain carries off the fluids or washings. The walls are of hard plaster painted, and the ceiling of corrugated iron also painted white. The operating chair is quite peculiar in shape, almost semi-circular, which makes examinations and operations, except laparotomies, much easier. Each clinic is examined by a student who gives the diagnosis and treatment, after which Prof. Olshausen gives the student a rigid examination. For the next clinic another student is called down and so on through the clinic.

The laparotomy room is smaller, well lighted and similar in its interior finish to the other. The operating table is of iron and unusually high, requiring an iron stool a foot high for the operator. This room is sprayed with carbolic acid before operations. The cleanliness is very thorough. The operator and assistants are dressed in white linen coats with short sleeves and wear silk or cloth aprons. The hands and arms are first washed for five minutes with soap-suds and a strong nail brush, then the nails are cleaned with a pointed nail file, then washed in bichloride of mercury 1 to 2,000. The patient's parts are well lathered and shaved and then washed with the mercury solution. Surrounding the parts to be operated on are cloths applied wet with the same solution. During the operation the hands of operator and assistants are rinsed with the solution, or should any of them touch their hair or beard or pick anything from the floor, or anything not thus protected, before again touching the patient, the hands are washed in the antiseptic solution. Prof. Olshausen gave me a warm welcome and I greatly enjoyed the ovariotomy, two vaginal hysterectomies for cervical cancers, and an abdominal opening for a pelvic abcess. His operations are from 7 to 10 A. M. every week-day; and from 10 to 11 A. M. he lectures. It is a great pleasure to know so skilled an operator. The first hysterectomy was done in forty-five minutes requiring nineteen ligatures. The second was more difficult, the time of operation was an hour and a quarter, the posterior wall of the vagina was cut so as to give room for the removal of the uterus and requiring

thirty-five ligatures. Both cervices were lacerated bi-laterally. No comment was made as to the cause. Had these lacerations been carefully cared for at the proper times, the removal of the uteri would most likely not have been necessary. Cervical lacerations are much neglected by physicians. How many women are invalids who might be well. How many valuable lives are lost which could easily have been saved. Even the eminent of the profession pass this ailment over as trivial. Among diseases of women I know of no operation when *necessary* to do and when *properly done* that can bring such comfort. It is true there are some not benefited by the operation, but there are good reasons for failures. How many have been restored after the operation? If for no other reason than to prevent cancer of the womb, the surgeon is justified in advising the operation. A very sad case came under my notice of a patient who had been a great sufferer from pelvic congestions and many reflex symptoms. An examination revealed a bi-lateral laceration extending to the vaginal junction. She was advised to have the womb treated preparatory to the operation. Circumstances prevented her from giving the necessary immediate attention. In a year she returned for the treatment and operation, but within that time a cancerous growth appeared involving the entire neck, posterior wall of vagina and rectum. An operation could not benefit, it soon proved fatal. We must give heed to it for it is the *beginning* of many serious troubles. The laparotomist may be skilled as such, and overlook so apparently trivial an operation: do both well and if the laceration is done with skill, and is not an easy one, there will be less need for laparotomy.

It is said that Wiertz, the Belgian artist, was severely criticised by the French Academy, that his paintings were too largely allegorical in their conception. He painted a carrot, a French symbol for any trumpery, the work was so masterly and the finish so exquisite that the Academy did not hesitate to give him the honored recognition.

Dr. Benkizer is the first assistant of Prof. Olshausen.

He made a vaginal hysterectomy for the same trouble, and was very neat and rapid in his work.

For the present semester thirty-five vaginal hysterectomies and thirty-five ovariotomies have been made, *without a death.* Prof. Olshausen says that hysterectomy is the proper way to *cure* cervical cancer. I was very sorry to have missed a Cæsarian section by Olshausen. The invitation was sent to my hotel and forwarded to me at Dresden, where I received it at noon when the operation was expected to be about 6:30 A. M. of that day. The facilities for lecturing with charts, drawings, plates, models, peloises and fœtal heads are most excellent.

He is very particular as to the cleanliness of visitors invited to his laparotomies, especially the Germans, of whom he says that they are not so particular in the care of their person and clothes as the Americans.

Silk sutures are used except in buried sutures, when animal tissue is substituted.

Prof. Bergman, of the Königliches Klinikum, on Zeigler Strasse, a part of the university, is a most remarkable surgeon. In Berlin he is regarded as the ablest general surgeon in Germany. A tall deep chested, well formed man, with piercing eye, long dark hair, brushed straight from his forehead with particular smoothness, a full beard closely cut, and a slim delicate hand. His reputation in resections of joints and removal of kidneys is very great. He resects the knee-joint in three and a half minutes. The incision is made upon the internal surface in line of the limb extending above the internal condyle, then an incision at right angles over the anterior surface and ending at the posterior border of external condyle. After the removal of the joint it is washed with a solution of tincture of iodine one part, ether six parts, and alcohol two parts. After washing, it is packed with iodoform gauze, the flaps approximated, then covered with borated cotton and bandaged with iodoform gauze.

This is not touched for forty-eight hours when the inside dressing is removed, the flaps closely stitched, iodoform sprinkled, then the borated cotton, gauze bandage and over these plaster of paris.

In six weeks the patient is walking. In supra-pubic lithotomy his time is five minutes. The operating room is a gem, in all respects most complete. He has seven assistants besides three women and three men nurses, and one woman to keep the floor clean. With such a skilled corps of assistants, it leaves him nothing to do but to *use* the knife.

His operating dress like the assistants is a long smock of white linen duck, with short sleeves. Borated cotton is kept in tin boxes and balls of the same, in place of sponges are carefully covered in glass jars; ligatures are kept immersed in carbolated oil and by an ingenious device conveniently ready for use: the instruments for use are in glass pans covered with a solution of bichloride of mercury and the antiseptic waters are in peculiar shaped glass pots like old fashioned tea-pots. Chloroform is the anæsthetic. The assistants catch and tie the bleeding vessels and dress the wounds. The students are examined the same as in the Gusserow, Bardeleben and Olshausen clinics.

Bergman has a dash which captivates. At one clinic I saw him operate on six patients in one hour and a quarter *including the* time occupied by the students in their examinations of the clinics. The six operations were:

1st. Necrosis of tibia with a large sequestreum.

2nd. Breaking over a Colles fracture which had united with deformity chiselling off the ends of bones, periosteal sutures, drainage tube, superficial sutures, iodoform gauze, borated cotton then a gauze bandage and over this a plaster paris bandage. This dressing was completed by himself.

3d. Tumor of right inferior maxillary with resection of two inches of the same.

4th. Removal of left mammary gland for cancer.

5th. Abcess of thigh freely opened, washed thoroughly with iodine lotion and packed with the iodoform gauze.

6th. Removal of head of femur, morbus coxalgia. This last was a lad of eleven years with phimosis and I was surprised that the penis was not relieved at the same time, for it was undoubtedly the *cause* of the hip disease.

Prof. August Martin is not as popular with the Berlin

physicians as expected. He is a lecturer on gynæcology in the university and has a private hospital. Like Lawson, Tait, he is an originator, but his cervical operation in place of Emmet's has objections. I believe it would be better if he would adopt Emmet's, for there is nothing equal to it. He is classed in the same rank as Tait by the Germans, who say "statistics are not true *except* Martins and Taits." Slightly sarcastic or perhaps jealous. Martins fallopian work has been phenomenal. They have both done good work first in originating operations, and secondly in making the older surgeons more conservative. It might also be said that the younger and inexperienced surgeons have unfortunately attempted operations which, at *least, demand* experience. He should never forget the rule which governs that great and cautious surgeon, Sir Spencer Wells, in laparotomy. "Never operate as long as the patient has a half hour more to recuperate."

Germany has eminent surgeons, and among them Esmarch of Kiel, Volkman at Halle, Leopold and Klutz of Dresden, and others. Volkman is particularly noted for his plastic work as well as for his method of operating in the radical cure of hydrocele. I must not forget Prof. Virchow, the pathologist and orator. He is very popular with the people, a member of the Reichstag, and a pronounced opponent of Prince Bismark and the government. His political views are quite radical, almost to a free thinker. The Berlin doctors are not very fond of him, nor do the students regard him as a good instructor; they say politics interferes with his medical usefulness. He is very crabbed to all, but shows more attention to American students, than to the German, because Bismarck is opposed to America.

Prof. Du Bois Reymond is a splendid gentleman and very noted as a physiologist.

Prof. Waldeyer is the anatomist of Germany. Besides his university salary as teacher of anatomy of $5,000 his fees from students average him $25,000 a year. All professors are paid a salary by the University, a government institution in addition to their fees and practice.

All surgeons, gynæcological excepted, and first assistants

are regimental or division surgeons, they are under pay and can be called upon by the government at any time in case of war.

Many of the German students are duelists, and are proud of their scarred faces. For the slightest pretence, as a jostle in the street, there is an exchange of cards and a duel follows. The weapon is a sword with both edges near the point very sharp. The eyes are protected by large goggles closely fitted to the skin, so as to prevent the trickling blood from touching the eyes—the ears have leather coverings, the neck, arms, body and legs well protected by cotton bandages and wrappings. The time of fighting is fifteen minutes unless the surgeon interferes.

You would be surprised to see the number of students with faces all scarred, or a tip of the nose gone. Every student glories in the scars and will frequently pull the stitched wound apart that the cicatrix may be more prominent or welt-like. Many interesting points might be given about these societies and their code; will only say that Bismarck when a student fought over twenty duels in one year.

Let me end this article by writing something more pleasant to recollect. During the Franco-German war, the Crown-Princess, Queen Victoria's eldest daughter, made daily visits to the hospitals, reading to and cheering the wounded. A gentleman having noticed her visits and not knowing who she was, thus addressed her: "Have you a friend here among the wounded or in the army?" She replied: "I have a father and a husband. Kaiser Wilhelm is my father and 'Unser Fritz' my husband."

Yours very truly,

H. F. BIGGAR.

WATER.—The best time for drinking water is early in the morning, in the evening before going to bed, and three hours after the meals. Water is always injurious if drank during meal times or immediately after eating. Eat slowly, masticate and ensalivate your food well and avoid washing down the bolus with large draughts of water, coffee, tea, wines, or other liquids.

COMMENT AND CRITICISM.

The case of the cow with the pendulous tumor from the abdomen "interviewed."

Editor Advance.—On the 30th of July last I started over moor and mountain, some fourteen or fifteen miles, to enjoy a day's salmon fishing, and partly with the intention of seeing my old patient, "Crummie"; and as you have expressed a desire that I should inform your numerous readers as to the *bona fide* character of this miraculous looking cure, I have pleasure in obeying your summons.

I was accompanied by the same two witnesses—namely, my ghillie, Sandy MacDonald, and Angus Campbell, water-bailiff on the river Glass for Lord Lovat. We found the owner of the young cow, John MacLennan, from home on business, but we received a most kindly welcome from his gude wife, who thanked me and sang my praises in Ossianic strains for what I had done for the cow. "Crummie" was turned out of the byre for my inspection, and all present bore witness to the fact that "Crummie" was the same cow which had the pendulous tumor growing from the *raphe* of her abdomen, weighing somewhere over ten pounds, avoirdupois. While the cow was held by one of the family I examined the parts to see if I could see any trace of a cicatrix, but there was nothing of the sort to be seen or felt. The hair met on both sides of the middle line of the abdomen, as in other quadrupeds—cows in particular—and it is very certain that if the case came into a court of law, there would not be wanting plenty of surgeons, physicians and vets, ready to declare that no such tumor could ever have been pendant from "Crummie's" abdomen—and why? Great reason! Why? Because there is no cicatrix! They forget that nature and nature's medicine and surgery are very different from knives and cauteries.

I commend this case to the careful study of our homœopathic *surgeons*, who trust in 1x and in specifics in disease—because they have much to learn and much to disgorge.

To make matters sure, I asked for a glass of milk from my patient's udder. She had just been milked, and her milk was mixed with the others, but we got as much as we could desire of the mixed milks, rich with cream, and a kind invitation to the same as often as I passed that way.

The calf, which was born in March, died a fortnight after birth, of some form of epidemic disease which has no name. It was characterised by total anorexia and adypsia, with debility, consequent wasting and death. There were several calves died in a similar manner in the Strath. Yours truly,

THOMAS SKINNER.

OUR LITERATURE.

C. R. MUZZY, M. D., Viroqua, Wisconsin.

Speaking of our literature should remind us of the difference existing between the predominant schools of medicine as regards the literature that reaches the public eye, and I wish to draw attention to the fact, that, in no instance are the principles of Homœopathy, in comprehensible form, prepared for the general reader. On the other hand how many are led to try this, that, or the other patent or proprietary medicine by reading the theories that represent the rules of the old school treatment which are in gratuitous print everywhere.

Homœopathy has made its way in this country, since its first struggle for existence, in the same manner that many other affairs have been pushed by what is called in newspaper parlance "a boom," and in the rush to "get there" little thought has been given by the people as to its principles and quite as little has been the care in many localities with which it has been dispensed. By slightly modifying his doses the staunch "regular" might feign conversion and practice under a homœopathic sign, without detection by the people.

The people at large are not familiar with any method except the one of treating diseases by name and the attempt to search for the individual features of a case whereby a genuine application of the homœopathic system could be made would and is, in many instances, looked upon as imposition or incapacity.

On entering a new field the Homœopathist finds himself confronted with an alternative, either to instruct his patients one by one before he can gain their confidence, or to adopt the ways known to them and palliate their pains and aches. The latter course makes friends of all except those who know the law, and the former course makes enemies of all who do not know the method and who think they know a learned doctor by his ways and manners. That this lack of knowledge of Homœopathy by the people

has led many of our practitioners to adopt old methods to make Homœopathy appear acceptable, may be shown by reference to the prescription files of druggists. If a young practitioner finds his conscience in the balance against his chances of earning his bread, the former may kick the beam; the latter he must have from his practice, else his time and money expended in study is gone for naught. Judging by the number that give up practice for more remunerative employment it appears that some fail to silence the still small voice within; and among those who have not retired has been heard the declaration, "humbug, thy *proper* name is medicine." To ask our colleges to furnish more and better instruction is not to the purpose as a remedy for this state of things, except, to teach allopathic formulæ and deception in general is what is proposed as "more and better." The true Homœopathist is *now* too far away from the knowledge and customs of the people to be understood, hence, to educate him in the highest perfection of his art is to endow him with qualities for which there is but little practical demand. The turning out of large numbers of graduates from our colleges, yearly, tells nothing of the progress of true Homœopathy except they can practice it. If the large number claimed as representatives of the school practice *anything* to suit their patients, as many of them must or fail to get patronage, does it tell anything of progress of the system?

Intelligence has always been claimed as the great help to the progress of our system of medicine, but the slow but sure plan of paving the way with "stepping stones" for its progress, in this country, has been over-ridden by the American "booming" process. As the subject of every "boom" must depend upon subsequent inquiry, as to its intrinsic worth, if it is to receive permanent endorsement, so Homœopathy must be presented to the people upon its merits as a system of medicine, if it is to have permanent support.

How, and by whom, investigation by the people shall be invited through the medium of gratuitous print is for others

to determine; I have endeavored to point out the need as it appears to me in my field of practice.

[Dr. Muzzy points out a very patent grievance, but fails to give the remedy. In an interesting paper on "Patent Medicines" published in the ADVANCE for June, 1887, Dr. C. M. Babcock, of Columbus, Wis., speaks of the same difficulty and suggests that a committee be appointed to collate and publish in almanac form such Homœopathic cures as could be substantiated, hoping by this means to reach a numerous class of people.—ED.]

ADDENDUM TO "REPETITION OF THE DOSE, BY CARROLL DUNHAM."

JOSEPH C. GUERNSEY, M. D., Philadelphia, Pa.

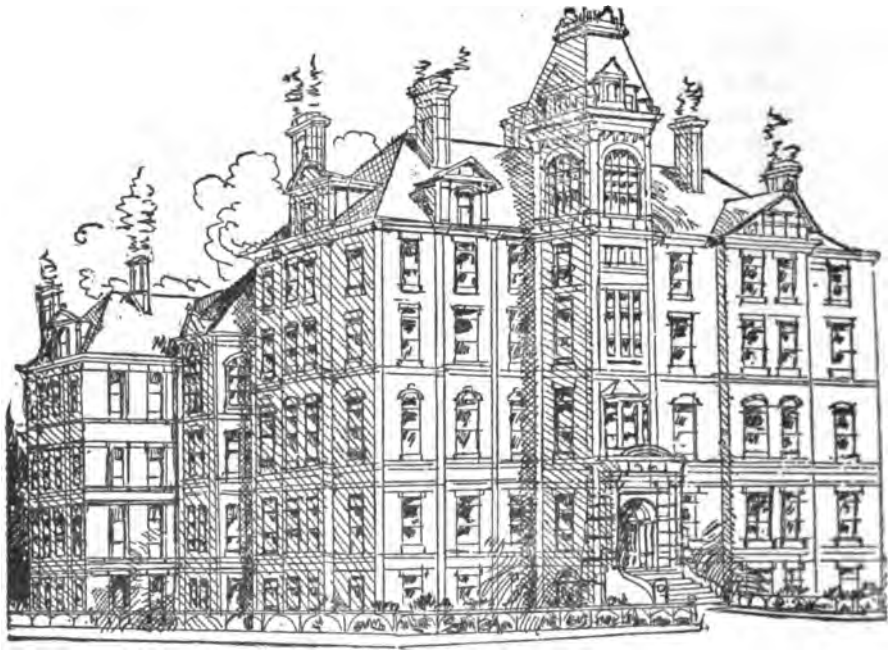
In the August number of the ADVANCE, page 183, is a letter from the late Carroll Dunham, M. D., on the "Repetition of the Dose." On page 184 he writes, "Not long ago (three months) a young doctor came for a prescription," etc.

I was the "young doctor" referred to!

I had been suffering from those severe pains, *pinching* in their character, for years. He prescribed for me in the autum of 1875, and three months later, January 12, 1876, reported me wonderfully improved. Now, eleven years later, I report myself *cured.* A few times in all these years the pains have recurred, but always in a greatly modified form, and I have hardly taken eleven doses of Berberis 40m in all that time. Hurrah for Homœopathy—for the smallest possible dose, the single remedy, and the seldom repetition!

OUR NEW HOSPITAL.

For many years the homœopathic physicians and their *clientele* of Detroit have felt the need of an institution in which the sick and injured poor under their charge could receive homœopathic treatment, because in the Detroit hospital, unless able to pay for their accommodations, patients have been compelled to submit to the tender mercies of Allopathy. It was to remedy this injustice which first led to the discussion of the possibility of establishing a hospital under the management of the new school. When the subject was first broached in 1861 by the organization of a hospital association, financially, Detroit had not passed the



McMillan & Newberry Free Hospital.

day of small things and the undertaking seemed among the possibilities of the future. The organization however was maintained, and the enterprise revived now and then (by resolution) as some more fortunate sister city built a homœopathic hospital, until 1869 when Mr. Amos Chaffer—one of the oldest and best known of the liberal citizens of Detroit—conveyed the lot at south-east corner of John R. street and Willis Avenue as a site for a free hospital. It was then in the suburbs of Detroit, but with the growth of the city probably is now worth $25,000, a generous gift in itself. It was donated on the express condition that a hospital was to be erected and equipped within a certain number of years, or by the terms of the gift the property would revert to the donor. Vigorous efforts were made by the physicians and their friends to secure the necessary funds, but for many reasons they were unsuccessful and the Detroit Homœopathic Hospital Association property, by its terms, reverted to the donor.

In August, 1886, James McMillan and Dr. Walsh were quietly chatting when the former said:

"Doctor, I wish you would have plans prepared for a hospital building to cost $100,000. Go to G. W. Lloyd."

Some days after, the Hon. John S. Newberry, then confined to his house by the illness which a few months later terminated a busy life, said he would "add to Mr. McMillan's gift $100,000 as an endowment fund," and thus make it a free hospital. Since that time, three wealthy citizens have intimated that they would supplement the endowment fund; thus brightening its future prospects for public usefulness.

Ground was broken on the 19th of July, 1887, and under contracts made by Mr. McMillan, the work is being pushed forward as rapidly as possible, consistent with sound construction. When the building is completed and ready for occupation the hospital and endowment fund will be turned over to the Hospital Association, of which the following gentlemen are the present trustees: James McMillan, H. R. Newberry, Don M. Dickinson, D. M. Ferry, Ransom Gillis, J. B. Mulliken, M. S. Smith and C. A. Walsh, M. D.; names which are a sufficient guarantee that the bequests of the munificent donors will, in the interests of humanity, be well administered.

In the construction of the building, neither time nor expense has been spared to render it a model of its kind. The architect has the advantage of entering upon his work as the builder of three State insane asylums, in which the needs do not materially differ from those of a hospital. With a view of securing the best obtainable results in economy, convenience, cheerful rooms and the best sanitary surroundings, Dr. Walsh or Mr. Lloyd, has visited and carefully studied the construction of nearly every hospital of note in the United States. No detail has been overlooked that can possibly contribute to the health or comfort of hospital life, and everthing now promises one of the most complete hospitals in the world. But, with increased facilities and opportunities come increased responsibilities. The homœopathic physicians of Detroit

must see to it that, with these increased opportunities and best surroundings that sanitary science and modern architectural skill can produce, the patients receive the greatest of all blessings vouchsafed the sick—pure and unadulterated homœopathic treatment. There is nothing to prevent the mortality in the McMillan and Newberry Free Hospital being the lowest in the world.

A CORRECTION.

We cheerfully give space to the following protest from the Dean of the New York Homœopathic Medical College, as the ADVANCE does not willfully or knowingly publish that which is inaccurate:

Editor Advance.—While a medical journal is not considered responsible for the statements of its contributors, it should at least endeavor to avoid the introduction of glaring perversions of the truth into its pages. The New York Homœopathic Medical College did NOT purchase the *North American Journal of Homœopathy* and has no connection with it, save that the faculty is proud to count among its members several of the editorial staff of the journal. T. F. ALLEN, Dean.

NEW YORK, Sept. 5, 1887,

From the number of witnesses of the glass-breaking power of Phosphorus 200, we must conclude, Dr. Crutcher notwithstanding, that glasses do break without other causes. Here is the latest, from Dr. Leslie Martin, Baldwinsville, N. Y.:

Some 12 or 13 years ago I had an experience in the glass-breaking line, my attention being first called to it by one of my patients asking me what kind of medicines I gave that had such power as to break the glass, and that they felt afraid to take such powerful medicines. I was very incredulous about it, as I had practiced Allopathy for a number of years and knew of no medicine which could produce this result, unless it was Fluoric acid; and that was not dispensed by me at that time. I then began to investigate the matter carefully, saying to the lady, "are you sure that the glass was perfect, and without chip or flaw"; she did not know. I said "we will try again." She brought me a perfect tumbler, and I prepared the remedy as on the day previous; on my next visit she said the glass was broken. This was tried repeatedly with the same result; in this and other families I found it to be invariably the old flat-bottom tumbler, and Phosphorus was the remedy. To my mind the explanation was through the chemical action of the Phosphorus on the chemicals which enter into the composition of the glass.

EDITORIAL.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."—HAHNEMANN.

THE BEATEN TRACK.—In the following letter, which speaks for itself, the author asks some pertinent questions in which every reader of the ADVANCE is deeply interested, and which we trust will receive a careful perusal:

Editor Advance.—For many years I have been a subscriber to the ADVANCE and have always been pleased with the principles advocated in its editorial columns, especially for the past two years. I wish I could say as much for the opinions expressed by some of its contributors, in some of the papers recently published in its pages, by Drs. Skinner, Guernsey and others. As for any potency of Lycopodium curing an apoplexy or cerebral congestion as Dr. Skinner assumed is not only absurd but irrational, for you cannot find a single symptom of the disease in the provings of Lycopodium in any Materia Medica. It is moreover irrational from the standpoint of the dose—the c. m. potency—even if prepared centesimally by Dr. Skinner from a plant which he brought from Scotland. All such healing of the sick belongs to the "faith healers" and the "mind curers." They pretend to be true Hahnemannians, yet you will see how far they have wandered from the beaten path of the Master, by referring to page 765 *Lesser Writings*, where, in his letter to Schreter, Hahnemann says: "I do not approve of your dynamizing the medicines higher than the 30th and 60th potencies. There must be some end to the thing; it cannot go on to infinity."

I highly approve of the advice you gave a young Allopath in the January issue as to how he should proceed to study and practice Homœopathy and would like to have you give the same advice to all your erring brethren of the ultra high potency school, Dr. Lippe and the members of the Hahnemannian Association, who by their insane departures have given Homœopathy the severest blow it has received since it was first promulgated by its immortal founder. Relegate to the waste basket all clinical cases in which the writer pretends to have cured any disease, either acute or chronic, with a potency above the 30th, and tell these men who have strayed from the beaten track to return to the true Hahnemannian fold and peace and quietness will reign in our family.

SAMUEL R. DUBS.

DOYLESTOWN, PA., Aug. 11, 1887.

As a pioneer in our school, as one of the founders of the American Institute, as an earnest student and an honest Homœopath we gladly welcome any contribution from the

pen of our correspondent. But an honest man may be honestly mistaken and may honestly entertain an error. We believe this to be largely true with our allopathic brother. We know that he is mistaken, and we ask him to honestly investigate a fact in therapeutics; to put the law of the similars to the test of practical experiment and proclaim the failures to the world. But he declines to do so. Some one has told him that Homœopathy was a humbug; that at most, it was only a system of small doses, without any reference to the mode of selecting the remedy, and he has neither the courage nor the manliness to accept a fact for what it is worth and hence rejects it altogether. We assure him that if he would try Hahnemann's method of selecting the remedy—prescribing for the totality of the subjective and objective symptoms presented by the patient, instead of the disease—he would obtain with the third or sixth potency much quicker, better and far more satisfactory results than he does with his crude doses. But we cannot convince him until we cure some patient which he has pronounced incurable. Then he obtains a glimpse of the value of law as a guide in therapeutics; but, loaded down with pathological theories and palliative methods he becomes at best but a half-hearted Homœopath and continues to prescribe for diseases, using low potencies and small doses.

The *quantity* of medicine, the *size* of the dose is still a stumbling block, when in fact it has little or nothing to do with it. If the proper remedy be selected, the smallest quantity, how small, we do not know, will cure; on the other hand, quantity, however great, cannot atone for imperfect selection. Neither ten drop doses of the mother tincture, nor the thousandth potency of Aconite will cure a patient, if Aconite be not the simillimum. As serious a blunder can be made with one as with the other.

Now, the error under which Dr. Dubs is laboring is a very common one. He assumes that Drs. Skinner and Guernsey on the one hand and Hughes and Hempel on the other, are of the same homœopathic faith, being alike followers of and believers in Hahnemann and selecting

the remedy in the same manner, while the real fact is that their methods are as widely different as are the poles asunder. Let us compare the men, their methods and their practice.

Hering, Dunham, Lippe, Skinner, Guernsey.	Hempel, Hughes, Hale, Dake, Holcombe.
The inductive philosophy of Bacon.	The deductive philosophy of Aristotle.
The strict inductive method of Hahnemann.	The misleading deductive method of Galen.
Selecting the remedy from the totality of the symptoms, subjective and objective.	Selecting the remedy from the pathology of the case; the theory of the pathological action of the drug.
Individualization.	Generalization.
The single remedy.	Alternation of remedies.
Prescribes for the patient, irrespective of name.	Prescribes for diphtheria, pneumonia, ague, cancer.
Even in incurable cases the indicated simillimum is the best possible palliative.	In incurable cases give morphine, Dover's powder, chloral hydrate as palliatives.
Homœopathy is good enough for him. The well selected remedy needs no allopathic adjuvant.	Nothing in Homœopathy to prevent doing the best he can to relieve his patient: even the best Allopathy can produce.
Believes similia to be a universal law of nature; if true in one case, true in all.	Believes similia is not a universal law, only a therapeutic method.

Dr. Skinner, we venture to say, did not look for a symptom of apoplexy when he prescribed for that patient. It was the symptoms of the patient which called for, and for which he prescribed Lycopodium, and this remedy would have relieved the patient of the train of symptoms he presented if Lauder Brunton or any other allopath had diagnosed the disease dyspepsia. Dr. Dunham relates a case in which Hahnemann cured a patient of condylomata with Chamomilla, and the late Dr. Gallupe cured a pneumonia with Podophyllum. In both of these cases the diagnosis has been disputed, but as they prescribed for the symptoms presented and cured the patients, that matters little. Allopathy always disputes the diagnosis when an incurable disease is cured; some Homœopaths are short-sighted enough to follow the unmanly example.

The cm. potency may be "irritational and absurd," but the same may be said of the thirtieth, the third or even the law of cure itself. That we think it "absurd or irrational" does not justify us in denying a cure or declining to put a therapeutic fact to the test at the bedside. Put the cm. potency to the same test as you have the third and thirtieth, as Dr. Skinner did when an Allopath, and publish the failures to the world. Is it wise or just or scientific to deny a fact in therapeutics, because we have never put it to the test and consequently know nothing about it.

It is true that Hahnemann did so write to Schreter, but in 1833 he used the 50th, 60th, 150th and 300th potencies. But first, this is a question of selection not of potency. Potency is not and should not be the dividing line. The members of the I. H. A. did not form an association because of the potency question, but because they preferred to adhere to the Homœopathy of Hahnemann, Hering and Dunham. So far as they are concerned they have done and could still do very good work with the 30th centesimal of Hahnemann, but neither members of the I. H. A. nor any one else could successfully use the 30th when prescribed on a pathological basis for diphtheria, pneumonia or croup. The sooner this question is thoroughly understood the better for the school individually and collectively. There may be some doubt about who has "strayed from the beaten path."

* * *

Cook County Hospital, Chicago.—The *Medical Record* is again in trouble. In its issue of Sept. 3, it says:

The annual reports of the Cook County Hospital reveal some facts in which the profession should feel some interest. On the opening pages we find a list of the "regular medical board," and below of the "homœopathic medical board." Such juxtaposition seems a little at variance with conventional ethics, but in this we may be mistaken. * * * * * * *

The point that is of real importance is, that both in its totals and in its medical and surgical departments the mortality of patients treated by the homœopathic medical board is less than that of the regular board. And this is true not for one year, but apparently for a series of years, * * * * It is possible that the cases sent to the homœopathic side are of the less severe and acute char-

acter. Unless some such explanation as this exists, the reproach upon the skill of the regular medical staff is a severe one. Hospital statistics are extremely fallacious things, to be sure, and no inferences should be drawn from them without careful examination. But in the Cook County Hospital such examination seems demanded.

The mortality on the allopathic side of the hospital is eight per cent. and only seven per cent. on the homœopathic side. This is a difference of one per cent. in favor of Homœopathy, a very meagre showing indeed. The insinuation of the *Record* that "the homœopathic cases are less severe and acute" is unworthy its character for honest dealing, for all cases are assigned by an Allopathic physician in this proportion: every fourth medical and fifth surgical case entering the hospital go to the homœopathic wards. But the *Record* need not go to Illinois for mortality statistics of this kind. If it will compare the percentages of Ward's Island with the other New York hospitals, or Middletown Asylum, with the other asylums of the State, it will find a much lower per cent. in favor of Homœopathy. The homœopathic staff in Cook County Hospital *can* and *must* do better work in the future. The use of the single remedy and less allopathic palliatives will reduce the record wonderfully.

OUR EXCHANGES.

THE Exchange Editor has been neither dead nor sleeping, but very busy in other departments of the ADVANCE.

* *

The Medical Visitor (August) has a readable paper by Dr. J. B. S. King on "Bile and Blood in the Urine." But the best effort of this same writer appears in the following:

A Recent Graduate, who had but recently ceased to manipulate the Plow, was basking in abundant Leisure, when he was accosted by a Lacerated Uterus.

"Are you a Doctor?" asked the Uterus.

"Yes," replied the Recent Graduate, "let me sew you up."

"Hands off!" exclaimed the Lacerated Uterus, holding up her Fallopian Tubes in horror. "I have been sewed up too much already, and what I come here for is to know why you doctors can't let me alone. Once I was young and handsome (here the Lacerated Uterus sighed so loudly that the Recent Graduate murmured 'Physometra,') but a long course of Local Treatment, injections, swabbings, applications and operations have left me in this disfigured condition. Why are all the ills of humanity heaped upon my neck?" continued the Uterus, wiping her

lips with the fringed extremity of her left Fallopian Tube. "Why am I responsible for everything from Consumption to Corns?"

At this moment A Rectum came strolling along, with his hands in his Pockets, just in time to hear the last remark of the Lacerated Uterus.

"Rats, Sister!" exclaimed the Rectum.

"Prats, you mean," said the Recent Graduate, at which the Rectum winked, but continued.

"Rats, Sister! It is I with my little pockets that have to bear everything. My Papillæ are cut off for Paralysis, and my Pockets are cut out for Boils, and my Sphinctre is stretched for Headaches, and I am maltreated in every way for the ills of other Organs." Here the Rectum sighed in an audible manner.

"Pockets! Papillæ!" exclaimed the Recent Graduate in a frenzied tone, "Great Heavens! Let me cut them out."

"Not much," said the Rectum as he rubbed one of his piles in a soothing way. "I have seen too much of it already. Only yesterday my brother arose from his downy bed after such an operation, very much disfigured but still in the Ring."

"Brother" said the Lacerated Uterus, "possibly your words are true, and I am going to have a Protracted Rest. But I must be going; will your Hæmorrhoidal Highness accompany me?"

"Certes," said the Rectum, with a smile upon his wrinkled countenance, and together they went out, leaving the Recent Graduate searching his pockets with an air of anxiety for a nickel wherewith to purchase Beer.

"I would I had some Gold, besides Aurum 30x," sighed he, as he failed to find the Elusive Coin. Then falling into an empty chair the Recent Graduate assumed an attitude of Acute Despair.

*

Rev. David Wills, an eminent Presbyterian divine, of Philadelphia, in preaching on the subject of divorce, said:

I was asked to-night, how true love could be discerned? I will answer in the words of a great Greek philosopher: First, by burning blushes when both parties are present; second, by the aching heart when they are absent, followed by indigestion and melancholy; and third and last, by the cold sweat. When you get the cold sweat it is dangerous to delay. It is the proper time to become united in the bonds of matrimony. If any of my young friends here to-night have the cold sweat, if they will call on me after the services, I will endeavor to make them conjugally happy.

Burning cheeks, aching heart, indigestion, melancholy and cold sweat. The remedy for that is easy enough. Why, that's in—let's see—where's our Repertory?

*

While the homœopathic doctor pursueth the even tenor of his way curing diphtheria with the indicated remedies, "Sanitas" and Dr. Curtiss are having a sanguinary knock-down-and-drag-'em-out in the pages of our erring cousin, *The Medical Record*, of January 29, on the relative danger, as a means of contagion carriers, between whiskers and coat tails:

"Sanitas" pictures the method of catching diphtheria, or the contagion, by bringing the whiskers, rather than coat-tails, near the patient's face when making a professional examination; and also says most doctors expose their faces by this manœuvre rather than their coat-tails; but some may have idiosyncrasies which may destroy his argument. This is really very cunning, but let us see how it will work if applied to other cases. Diphtheria is not the only disease, nor is examining a patient the only method of getting a load of contagion which may be conveyed by the doctor. I have mentioned that contagious material may be deposited upon door-latches, car-seats, privy-seats, church pews, drinking utensils, cash,

clothing, or most any other substance. Now, I do not know what are the idiosyncrasies of some folks, but out West a man is not so likely to get contagion in his whiskers from car-seats, privy-seats, etc., as he is in his coat-tails. Verily, if "Sanitas" cuts off his whiskers as a measure of sanitary engineering, he must, if he carries out his good intentions, be found standing on his head in many places to save his coat-tails.

*

"Danger in Toast" (in the same journal) is an excellent paper by Dr. E. W. Hedges, of N. J. We quote:

But the foes of health are not all included in the various forms of cocci. There are many other causes of disease that work with charming regularity, and all the more so because they are entirely unsuspected. One of these is toasted bread. An innocent looking thing, and yet, like the Grecian horse before the walls of Troy, it works sad havoc when once inside. It is with some hesitancy that I venture to say anything against toasted bread, for did not our mothers and our grandmothers and our great-grandmothers always give it in sickness, and does it not even now hold a sacred place in the heart of every housewife? . . . . . Mrs. B——, a delightful lady, was taken very severely with this trouble [dysentery]. . . . . A diet list was carefully made out and a special and emphatic warning left against toast. But with a perversity of appetite which others may be able to explain, toast was the one and only article of food which she wanted. A liberal bill of fare had no attractions for her; toast alone would satisfy her craving, and toast she ate. (Who is prepared, in the light of this incident, to say that the story of Eve and the apple [who said it was an apple?] is a myth?) An hour or two after indulging she was taken with violent pains (I refer to Mrs B——, not Eve) and all her symptoms returned in an aggravated form. She was a very penitent and tractable patient during the rest of her illness and has permanently abandoned the use of toast in sickness. . . . . I have seen it produce pain and vomiting in gastric catarrh, in fibroid induration of the stomach, or whenever there is inflammation of the mucous membrane of the gastro-intestinal tract. In inflammatory diarrhœas of children the anxious mothers are forever giving toast and it in turn is forever giving pain and more diarrhœa. It would seem as if the gritty particles of charcoal, insoluble in the juices of the stomach, are shoved up and down over the irritable mucous membrane like so much powdered glass, and finding their way into the intestine, scratch the inflamed Peyer's patches, or the angry mucous membrane, as the case may be, renewing and aggravating inflammatory action.

*

The California Homœopath (Sept.) presents its readers with Dr. F. F. De Derkey's excellent paper entitled "Health and Education." The author believes that

The first and principal object of an educational reform should be to aim at the improvement of the animal body of the human young, without distinction of either sex, state or condition, and this improvement is best to be accomplished by *physical education* during the period from birth to the tenth or twelfth year of life. . . . . Can physical education eradicate hereditary taints and improve the animal body? . . . . . Herbert Spencer, the philosopher, ... in all probability would have died in early childhood, being feeble and weakly and the only surviving child of his parents. He owes his preservation to the intelligent and especial care of his father and thanks to physical culture.

Still we are creditably informed that the great author of "Social Statics" is an inordinate eater of peanuts, so that he has dyspepsia—to allay which he takes a ramble in his garden, smoking a cigarette.

The venerable professor of Physiology in the St. Louis School,

Dr. C. W. Spalding, related to his classes, two or three years since, his treatment and care of a prematurely born child. By keeping the child in a dark room of uniform temperature he succeeded in saving the child, who to-day is a strong and hearty citizen of St. Louis and a dentist by profession.

Dr. J. E. Lilienthal's "Adenitis" bespeaks him a chip of the old block. It is well written and its repertory prepared in an easy get-at-able way that makes it attractive.

*

The Hahnemannian (Sept.) says:

A well-known eastern college of the allopathic persuasion is being mercilessly scored for graduating a "practitioner," after attending one course of lectures. It is hoped that our homœopathic schools are far above such business.

"A consummation devoutly to be wished for" surely. But hadn't we better keep our hands off the old school colleges until we are sure that our own skirts are clear?

What was the meaning of that ripple on the usually placid exterior of the Institute at its last session? Why was Dr. Brown's motion permitted to die, or become emasculated, when he charged that one of our colleges had graduated a student (without further lectures) who had been rejected shortly before by another school?

Then, Bro. Dudley, have you heard anything from the Far West recently?

Wonder if Dr. E. M. Hale isn't mistaken in about nine out of every ten statements he made in his paper on "Hydrastis Canadensis in Gynecology." We have recently seen papers which clearly establish this in our mind. When the author of *New Remedies* next finds it incumbent to inject a lot of irrelevant drivel—untrue at that—into the body of an article with an innocent title, he should be sure of his data. And the Literary Editor should be on his guard against admitting such crass ignorance.

*

The N. E. Medical Monthly (June) presents a paper by Samuel S. Wallian, M. D., New York, on "Medical Progress," which is a scholarly production and well presented. The following extract is certainly graphic:

And another [doctor] who has sufficient professional standing to be examiner for pensions in his district, and medical examiner for one of the heaviest life insurance corporations, doesn't believe in the stethoscope; is afraid to use an anæsthetic, even when performing version, in labor; never was guilty of owning or using a hypodermic syringe; has vaguely heard of but never saw an aspirator; looks upon all electrical appliances as so much new-fangled rubbish; tests urine by cooking it in an iron spoon over the kitchen stove; sneers at the suggestion of antiseptic precautions, or even common cleanliness in obstetrics or surgery; discards the thermometer and microscope in medicine as fanciful but useless, asserting that his eyes, ears and fingers are quite accurate enough for him; since, with them, unaided, he can see, hear and feel, all that ought to be seen, heard or felt, in any case. He belongs to no medical society; but, as he broadly intimates, already knows a great deal more than he needs to know, on all medical subjects; and hence does not care to read the current medical journals, or any medical volume published within the last decade!

Have you ever met this Sir Absolute? The article concludes:

But I forbear, while yet fully sympathizing with the ironical Quaker physician, who, in his last illness, desiring a consultation, sent for a trio of celebrities, including the eminent and eccentric Abernethy, Dr. Blundell, a celebrated man midwife, and another whose specialty was the heart and lungs. The latter, stethoscope in hand, decided that cardiac disease was killing the patient; Abernethy muttered something about dyspepsia, while Blundell declared the poor Quaker to be the victim of *hysteria*. Of course no patient could withstand such an array, and the autopsy was soon announced. Before his demise, however, the Quaker insisted on arranging in his will that when he was finally opened, his heart should be given to him of the stethoscope, his stomach to Abernethy, and his *womb*, if it could be found, to Blundell!

*

Dr. E. R. Ellis (Detroit) sends a hot broadside into the old school ship in a letter written to the *Evening News*. He says that the sheriff of Alpena county came to Detroit for treatment, having been shot through the leg, below the knee, without injury to bone, nerve or blood-vessel, of importance, yet the poor patient dies after lingering five or six weeks:

The invariable and "approved" treatment among allopathic doctors for the past 15 years in nearly every case, whether medical or surgical, consists of stimulants and narcotics. Stimulants are given on the false theory that they "tone up," "bridge over" and "strengthen" a sick person. There never was a greater falsehood invented. Every medical dictionary defines them as "excitants" and "irritants," and every sane man and every fool (except a doctor) knows that the more you try to "tone up" with drug or alcoholic stimulants the weaker one becomes, and their long-continued use invariaby ends in exhaustion, if not death. Nothing but pure water and wholesome food can give strength to a living organism, sick or well. In disease medicines may correct the deranged action, when nature, with suitable food, will do the rest.

When a sick man is befuddled with quinine and whisky, and then to overcome their "excitement" and "irritation," he is paralyzed with morphine, there is a small chance for his life. If his case was not critical before, with these it will soon become so. Yet these three deadly poisons are the "sheet anchors" of "regular" medicine to-day, as every one knows. Before me is the medical report of mortality in the late rebellion. "Ninety-five thousand were killed in battle or died from wounds. Two hundred and nine thousand died of disease" (or the doctors). Under the treatment of this boasted "regular" system of medicine the deaths are more than twice as great as that from the cannon's mouth. What assumption to call this "medical science"! It becomes all thoughtful people to ponder upon this matter and join in an application to the next legislature for its complete suppression. When this is once accomplished the votaries even of this system will rejoice, I am sure, with their fellow men at its extinction. Heaven speed the day! Give us the "faith" or "prayer" cure, or *anything* humane in the place of whisky and morphine poisoners.

*

The *Rivista Omiopatica*, of Rome, for Agosto, 1887, is (to speak after the manner of the ungenerate) a "chestnut." Its "Somario" is the following:

Alternazione dei rimedj, del Dott. P. P. Wells.
Paragrafo 138, del Dott Adolfo Lippe.
Note da una lezione estemporanea sopra *Songia*, del Professor Gee.
Un breve studio di *Lachesis* e *Sabadilla*, del Dott. C. Carleton Smith.
Psorinum: reflessioni cliniche del Dott. Adolfo Lippe.
Casi clinici del Prof. J. T. Kent.

Un caso di fessura dell' ano, del Dott. E. W. Berridge.
Appunti clinici:—*Uno nuovo sintomo di Manganum;—Note intorno alle caratteristiche;—Una nota sopra Gelsemium.*

There being but three-quarters of a page left for the remainder of the journal. As each of the articles in this number is "lifted" out of the *Hom. Physician*, and in former numbers also from the ADVANCE, (due credit given) the queries naturally presenting themselves are:

1. What "a happy lot" must be the life of that editor, for he has no worry about "copy."
2. What value is the *R. O.* to the American reader save as a possible check on the translator, or as a medium to polish up our Italian?
3. Of what material is the Italian Homœopath made, who never contributes to his journal, and is satisfied with an entire number filled with translations?

NEW PUBLICATIONS.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERALS OFFICE. Vol. VIII: Legier-Medicine (Naval), 1887.

This volume includes 13,405 author-titles, representing 5,307 volumes, and 13,205 pamphlets. It also includes 12,642 subject-titles of separate books and pamphlets, and 24,174 titles of articles in periodicals. To show the importance attached to the "Liver and its Affections" by various medical authorities, over 5,000 books, pamphlets or periodical articles are here mentioned. This one subject shows the vast amount of labor expended on the volume and its value as a work of reference.

TEXT-BOOK ON SURGERY: By Jno. A. Wyeth, M. D. D. Appleton & Co., N. Y., 1887, pp. 777.

It is not often that such a magnificent work as this of Dr. Wyeth's is presented to the profession. Text-books on surgery are not few in number, nor lacking in value, but it is certainly not putting it too strongly to state that this is, beyond any question, the best of them all, so far as my information. In the first place it is written by a master, one whose name is pleasantly familiar to all readers of current surgical literature. Next it is fully up to the very latest, in science and operative technique. Lastly, though not of least importance, there is a happy absence of the time-worn cuts and illustrations, seen in almost any surgical work we may take up. The illustrations are new, original, and of the utmost value, they are more than mere embellishments. For instance, there are a number of admirable illustrations, from sections of frozen subjects, showing transverse sections of the extremities, in which every muscle, nerve, and fascia is accurately shown, the vessels, both arteries and veins, being colored, red and blue, so that they are immediately recognized. So with the cuts illustrating

ligature of arteries. The vessels are colored, and mostly drawn to life size. Thus as a practical book, one for ready reference in emergencies, it is just what the general practitioner wants, possessing, as it does, features not found in any other single work. But its value is not alone in this direction; it is equally valuable to the surgical specialist. More space is given to bacteriology than many of us think necessary, but there is a vast amount of useful information beautifully summarized. Take it all in all, it is a jewel of a book, one that to see is to long for, and to possess a constant satisfaction. J. G. G.

A PRACTICAL TREATISE ON OBSTETRICS. Obstetric Operations. The Pathology of the Puerperium. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. Vol. IV. Pp. 404, octavo. This is also Vol. IV of the "*Cyclopedia of Obstetrics and Gynecology.*" Translated under the supervision of, with notes and additions, by E. H. Grandin, M.D. New York: William Wood & Company.

This is the last volume of Charpentier's great work on Obstetrics, and in thoroughness, which is a marked feature, equals any of its predecessors.

Part VII treats of "Obstetric Operations" and is not only complete in text but is profusely if not well illustrated, the cuts in many cases being inferior specimens. The first chapter of 50 pages is devoted to version and is followed by a chapter of 100 pages on the history and use of the forceps from Chamberlen's original instrument to Lusk's modification of Tarnier's axis traction. It contains the indications for use and rules of application in the various presentations, each subject being evidently dealt with by a master of the Obstetric art. It is without doubt the most complete treatise on the use of the forceps to be found in the English language.

In addition to the minute instructions for the use of the forceps the following words of caution are timely and valuable. On page 86 he says: "How many labors would have ended happily, and yet have terminated in the death of the mother and child, because inexperienced or hurried physicians have used the forceps prematurely." "Hurried physicians" should not practice obstetrics. And again, on the lacking of the forceps, page 98: Either the head is well grasped and locking is easy, or else the head is badly grasped and locking impossible; and then the rule should be to begin over, a hundred times, if need be, rather than to use any force." Let the obstetrician in a hurry to use the forceps, ponder this advice.

The Cæsarean section with statistics and recent improvements is fully dealt with and every subject or operation pertaining to mechanical or instrumental obstetrics receives comprehensive treatment, The concluding chapters on puerperal fever gives the pathogeny; forms of the disease; pathological anatomy; prognosis and treatment. Of the latter the author says: "Sustain the patient

by soups, beef extracts, alcohol; fight the sepsis by quinine and phenic acid douches. We thus gain time, and give nature a chance to shake off the putrid matter, and the patient a chance to eliminate the poison." With this the Editor does not agree and no homœopathic physician need be told that his mortality in puerperal fever will be so large if he adhere to his principles of practice.

The complete work deserves warm commendation, and the gratitude of the profession should be given the publishers for placing it within easy reach of all. This work alone is well worth the price ($16.50) of the entire 12 vols. for 1887.

AMERICAN MEDICINAL PLANTS; An Illustrated and descriptive Guide to the American Plants used as Homœopathic remedies. By Charles F. Millspaugh, M. D., Binghamton, N. Y. Boericke & Tafel, New York and Philadelphia.

Fascicle VI, just received, completes this gigantic work undertaken five years ago, and both author and publisher are to be congratulated. Every promise has been kept, and the entire work is a credit to American enterprise. Some critics have affirmed that the coloring of certain plants was too brilliant, others that it was not brilliant enough; but the author states a fact which perhaps they may have overlooked, viz ; "that natural color and texture cannot be exactly reproduced, nor is lithography a perfect art." The drawings are all made to a mechanical scale, and, unless otherwise stated, are natural size; and without any attempt at artistic beauty or fancy pleasing the author has endeavored to have the coloring natural, and in this we think he has succeeded. Every plant represented in the work having "been drawn and colored by his own hand, from the specimens as they stood in the soil."

"The work contains 180 colored illustrations, and complete text of all the proven plants indigenous and naturalized in the United States; arranged *generically* according to the numerical order of the plates."

In the appendix is found a carefully arranged bibliography, a glossary of botanical terms and a complete index. As nearly all the plants here illustrated grow within the range of the daily ride of most practitioners outside the larger cities, few of our physicians can afford to be without this practical guide. It can be made to save its cost every year, and as a companion to the Materia Medica it is almost invaluable.

A HAND-BOOK OF GENERAL AND OPERATIVE GYNECOLOGY. Dr. A. Hegar and Dr. Kaltenbach. In two volumes: Edited by Egbert H. Grandin, M. D. Wm. Wood & Co., New York.

Volume I.—Gynecological examinations, minor therapeutic manipulations and elementary operations. Operations on the ovaries. Pp. 352, with 129 wood engravings.

Volume II.—Operations on the tubes, uterus, round ligaments and vagina. Operations for urinary fistulæ, prolapse, and on the vulva and perineum. Pp. 354, with 248 wood engravings.

These volumes taken together give in a very thorough manner the minor and major operations of gynecology, and as a hand-book and book of reference are well adapted to the wants of the general practitioner. The library of the specialist would be incomplete without them; as very few specialists are so well advanced in the practical details of the numerous operations as not to find here many valuable hints. While evidently a practical and skilful operator, the author does not entirely overlook the patient. He recognizes the fact that some other organs of the female economy may be deranged or even diseased and sounds this note of warning; "Nothing would be more erroneous, however, than to confine ourselves to the making of a diagnosis, and to forget that we are dealing, not alone with a diseased part of the body, but with a sick individual. * * * By no means the worst therapeutic results are obtained when we discontinue treatment, at least all local treatment, of even marked sexual diseases, and devote our attention to the improvement of the general condition." We might add, that if every specialist would pay more attention to this sound advice, seeking out and abating the cause of the sickness, it would be better for both patient and physician. In this particular, we think our American homœopathic gynecologists are taking advanced grounds.

The publishers announce that in order to complete the volumes as rapidly as possible they will be issued as they come from the hands of the translators and Editor without regard to their consecutive numbers.

A PRACTICAL TREATISE ON DISEASES OF THE EYE. By Dr. Edouard Meyer. Translated by Freeland Fergus, M. D. Octavo; pp. 647. Philadelphia: P. Blakiston, Son & Co. 1887.

Prof. Meyer's reputation as a skillful and experienced opthalmologist has paved the way for the reception of this English edition of his celebrated work on "Diseases of the Eye," which has already gone through three French and four German editions, and been translated into the Italian, Spanish, Polish, Russian and Japanese languages.

A marked feature of the work is that a concise, yet brief, description of the anatomy of the part precedes that of each disease. This is certainly more advantageous than the placing of the entire anatomy of the eye in a section by itself, as is frequently done. The first chapter very clearly and succinctly gives the various methods for examining the eye, and most of them are well illustrated, thus materially increasing its value to the student. Then, in succession, come the diseases of the different structures; conjunctiva,

cornea, sclera, iris, ciliary body and choroid; glaucoma, the diseases of the optic nerve and retina; amblyopia and amaurosis; of the vitreous and lens; refraction and accommodation; muscles of the eye; the lids, the lachrymal passages and the orbit. In treating of these affections the usual course is followed; the description, the diagnosis, progress and termination, prognosis, ætiology and finally the treatment, which, although the most approved (old school), is in concise language and sufficiently full for practical purposes. The reader has no difficulty in readily comprehending the meaning of the author throughout the entire work.

We note a few omissions. While fully describing the various inflammatory affections of the retina, especially retinitis albuminurica, no mention is made of retinitis diabetica. This may be a rare form of inflammation in France, but it is more common in America than many other forms of retinitis, which receive full attention at the hands of the author. To the homœopathic specialist, however, this makes but little difference so far as treatment is concerned.

Perhaps no book has yet been produced with which some fault, some adverse criticism, could not be made; yet, taken all in all, we think it one of the most comprehensive, complete and practical works on diseases of the eye to be found in the English language. As a guide for the student and a work of reference for the practitioner we commend it to the profession. Besides three finely colored plates from Liebreich's Atlas, there are 267 excellent illustrations. No fault can be found with the publishers for the taste displayed in this book. In fact, they deserve only praise, for it is a model work in paper, printing and binding.

EDITOR'S TABLE.

DR. J. D. BATES, of Spring Lake, Mich., succeeds Dr. W. F. Green, Miles City, Montana Territory.

LUDLAM'S DISEASES OF WOMEN, sixth edition, is now in press and will soon be on the book-seller's shelves.

THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI opened its 29th session on September 15, with thirty matriculates.

DR. H. P. HOLMES, of Sycamore, Ills., has gone to the pine woods of northern Wisconsin for two weeks fishing and deer hunting.

MRS. L. A. EDWARDS, M. D., of Hastings, Neb., recently lost by fire, her library, medicines, instruments and office furniture. No insurance.

MARRIED.—On September 7, 1887, Dr. W. P. MacCracken, of Chicago, and Miss M. E. Avery, M. D. No cards. [But here's luck all the same.]

DR. AND MRS. HENRY KNAPP, of Lathrop, Cal., celebrated their golden wedding on June 15th, at the residence of their son-in-law and daughter, at Oakland, Cal.

DR. JAMES A. CAMPBELL, St. Louis, Mo., has returned from his vacation on the sea-board; and Dr. E. B. Nash, Cortland, N. Y., from climbing the mountains.

DR. EVA G. CONDON, a graduate of the St. Louis school, has succeeded to the practice of Dr. Blank (recently dead) with office at No. 1607 Franklin Ave., St. Louis, Mo.

D. J. MCGUIRE, M. D., left Chicago September 22, for a sojourn in Southern California. We trust his health may be completely restored under the climatic change.

THE INTERNATIONAL CONGRESS, appears to have been a success. We are indebted to the journalistic enterprise of Wm. Wood & Co., for a daily report of the proceedings.

FOR SALE.—A yearly practice of $2,000 cash, in a town of 4,000 population. Will be sold cheap to the right man, with house and lot if desired. Address P. O. Box 273, Ballston, N. Y.

DR. T. GRISWOLD COMSTOCK, a prominent homœopathic physician of St. Louis, Mo., was invited to attend the International Medical Congress, and availed himself of the opportunity.

REMOVALS.—F. Keller, M. D., to Spokane Falls, Wash. T. Drs. Sarah A. Colby and Esther W. Taylor to 658 Tremont St., Boston. A. Hanlon, M. D., to Elk Rapids, Mich. Mrs. J. A. Pickering, M. D., to 342 Monroe Ave., Rochester, N. Y. Gilman R. Davis, M. D., to 458 Sixteenth St., Detroit, Mich. F. C. Stewart, M. D., to Peru, Ind. L. F. Acres, M. D., to Sac City, Iowa. T. A. Capen, M. D., Fall River, Mass. John T. Boland, M. D., to Rosedale, Kas. Lewis Barnes, M. D., to Kipton, O. E. G. Grahn, M. D., to New Albany, Ind.

TOBACCO PROVING.—Out of twenty young men who competed for a West Point cadetship at Westfield, Mass., ten were rejected by the physician because they had "the tobacco heart," brought on by cigarette smoking. They were unfit for West Point service.—*Boston Traveller.* [For what service, except that of the tobacconist, are they fit, as very few could secure a "tobacco heart" without first securing a tobacco brain. Let them be turned over to the service of the bureau of provings of American Institute.—ED.]

FOR SALE.—An oil portrait of Hahnemann painted by Huntington. The likeness was declared by Haynel, who for many years was a member of Hahnemann's family, to be a perfect one. This is a rare opportunity for procuring an authentic picture. Address THE ADVANCE for particulars.

ERRATA.—In the Materia Medica papers of Dr. Wakeman, page 8, (current volume) 5th line from beginning of article for *fever* read *fear*. Page 151, 14th line from top for *besides* read *vesicles*. Page 228, 5th line from top, for *head* read *hand;* also on same page, 14th line from bottom, for *gone* read *gave way*.

FOR SALE.—A growing practice of $3,000 a year, in Marysville, Yuba Co., Cal., which is the county seat, 6,000 inhabitants; 10,000 inhabitants in the radius of twelve miles. Marysville is a business centre for four counties, situated in Sacramento Valley. A great fruit and grain growing country, all kinds of fruit and berries, oranges and lemons. A mild climate, flowers in blossom every day in the year in the open air. Address H. C. F., care MEDICAL ADVANCE.

PUBLISHER'S PAGE.

SHERMAN'S TRITURATOR is covered by glass and the mortar revolves instead of the pestles. It appears to be an improvement on the old method.

THE MCINTOSH GALVANIC CO. have come out with a small dynamo of a half horse power for medical and laboratory use. Our electricity specialists should investigate this.

DRS. FARNSWORTH, Homœopathic Pharmacists of East Saginaw, Mich., offer *one* NEW *complete set of Millspaugh's American Medicinal Plants* for sale for $20, delivered free. Terms cash.

THE Provident Chemical Works, St. Louis, Mo.: Gentlemen—Your sample of Crystalline Phosphate to hand. Am pleased with its appearance. Its compact form must commend itself to every physician. Shall be pleased to use it where indicated, and continue if equal to other phosphates, as it is certainly handier and cleanlier. Yours truly, C. F. Wahrer, M. D., Mt. Hamill, Ia.

IN the treatment of alcoholism and opium habit alimentation is highly important. The patient should be encouraged as much as possible to take nutritious and easily digested food. Oftentimes the physician finds that, owing to the conditions of the system, the stomach is in a state of excessive irritation, and all solid food will be rejected. In such cases Lactated Food [Wells & Richardson Co.] has been found to be a most valuable aid in the treatment.

Its easily digestibility quiets the cravings of the disordered stomach, and at the same time aids the worn-out patient in his efforts to obtain his much needed rest.

DR. H. MORSE, of N. Y. City, author of "New Therapeutic Agents," says: "Liebig Co.'s Coca Beef Tonic is really a wonderful preparation. My success with it has been invariable. As a specialist in diseases of children I can, as the result of much experience in its use, justly say that it is without equal for delicate children.

THE new Hammond Type-Writer, which has been in our office for the past week, is doing good work. To an expert in the old style type-writers, the freedom of the Hammond from the awkward and dirty necessity of cleaning each separate type with a tooth-brush and benzine commends itself at a glance. So also the perfect alignment, a feature not found in other machines after a few weeks' use.

WE have bound volumes and single numbers of nearly every Medical Journal in the country. These publications run back as far as 1860. We are closing them out at *50 cents each for bound volumes* (postage 12 cents) and five cents for single numbers (postage one cent). Physicians will find this a rare chance to complete their libraries. Also a complete set of the ADVANCE and *American Observer*. Order at once. Dr. Farnsworth, East Saginaw.

MELLIN'S FOOD still holds its high rank as a prepared food for infants, invalids and infirm. It is a valuable reconstructive, and from personal experience and daily use we know its value as an infant nutrient to be really almost without an equal. It has many rivals, but its peculiar merit is recognized by every physician even though he may, from habit or other influence, recommend other preparations.

THE Hydroleine of C. M. Crittenton (N. Y.) is very popular among the profession for consumption and wasting diseases. It possesses the merit of producing immediate increase in flesh and weight. Hydroleine is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation, containing acids and a modicum of soda. A sample of this preparation will be sent free upon application, to any physician (enclosing business card) in the United States.

PHYSICIANS who look carefully after the comfort and hygienic conditions of their families will be interested in a new article of ladies' wear, just out. The Automatic Supporter Bustle Co. (Chicago) has patented a Stocking Supporter that does not drag

down, but, combined with Skirt Supporter (which is also a modest bustle), supports the skirts, holding them out from the back when the wearer stands, allowing them to fall when sitting, so that she can sit at ease directly against the back of her chair. Testimonials from eminent Chicago physicians—both sexes—appear in the descriptive circular.

UNLIKE nearly all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypo-phosphites, etc., Horsford's Acid Phosphate is readily assimilable by the system, and not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action. In fact, it acts as a specific in certain forms of dyspepisa. It makes a refreshing and nutritious drink in fevers, and with water and sugar a delicious beverage.

WE have received copy of a letter written by H. E. Stockbridge, Ph. D., Professor of Chemistry (Imperial College of Agriculture, Sappora, Japan), and Consulting Chemist to the Imperial Japanese Government, speaking in terms of highest commendation of Carnrick's Soluble Food, which the learned gentleman had successfully used with his own child. The purpose of the letter is to show: First, that Carnrick's Soluble Food is superior to human milk in cases where the milk does not contain the proper relative proportion of constituents; and, secondly, it agrees with children from birth.

THE Nursery Lamp Clock (W. C. Vosburgh Mnfg. Co., Brooklyn and Chicago) combines in itself a day clock, a night clock, a medicine clock, and a night light. The base of the lamp, in eight-sided nickel case—that which usually holds the oil—in this instance contains the movement of the clock. This movement revolves an opaque glass globe having the hours, halves and quarters deeply inlaid in black. A stationary hand extends from one side of the base to the row of figures, so that as the globe revolves the time will be indicated by the pointer. The second pointer revolves with the globe and is adjustable; therefore, by placing it at the proper interval in advance of the other, it is made to indicate correctly the time for the next dose, or for an appointment, etc. At night the globe is illuminated by a lamp or taper placed inside, by which the figures and pointers are plainly visible, and which also provides a mellow and sufficient light in the room. A moment's inspection will commend this as a valuable device in the sick room, the nursery, academies, convents, hospitals, and asylums. It is a good time keeper, and is not liable to get out of order, and can be carried as a lamp about the house. Its price, $2.75, puts it in the reach of every one.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

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CLINICAL MEDICINE.

AN ALOE CONSTIPATION—"PERSPIRATION SMELLING LIKE URINE."*

CLARENCE WILLARD BUTLER, M. D., Montclair, N. J.

CASE I.—*Aloe.*—In January, 1885, Mrs. G——, a brunette 26 years of age, of plump figure, firm muscular fibre and nervo-bilious temperament, consulted me for constipation of many years standing. She received Sulphur without benefit.

February 1, I gave her Bryonia—also without benefit. Dissatisfied with not having been helped she discontinued treatment, saying that she never had received more than temporary relief from any medicine and was disgusted with drugs and with doctors.

In October, however, she came to me again, as the constipated condition was worse than ever and "something must be done." At this time she presented the following conditions.

* Read before the N. J. Hom. Med. Soc. in May, 1886.

CANCER OF THE TONGUE.

From Petroz' Collected Writings.

J. D. TYRRELL, M. D., Toronto, Ont.

"In 1829 a woman, living in the Rue St. Nicolas, came to ask my advice as to a disease of her tongue. Had been under care of Dr. L'Herminier. The organ was profoundly altered by an ulcer, which appeared to me to be cancerous —right side; the edges, especially posteriorly, were *indurated, raised and knotty;* speech difficult, indistinct and accompanied with much pain. Distrusting my own diagnosis, I sent her to Prof. Marjolin. She returned with the following judgment: 'Cancerous ulcer. No chance of cure save from operation; and this is impossible as base of the tongue is involved.' In the presence of so grave a disease I turned my thoughts to diminish her sufferings, and prescribed the one-hundredth of a grain of *Hydrocyanate of potassa*, to be repeated every fourth day.

"Saw her in fifteen days, suffered less; tongue less hard; speech easier. Medicine continued.

"Fifteen days later, the patient, whose countenance had lost its gray hue and drawn features, said, with joy, 'I begin to be able to eat a crumb of bread.' Medicine continued a month longer, when the cure was complete. Over eighteen years have elapsed and no return of the difficulty."

CASES CURED.

E. B. GROSVENOR, M. D., Richmond, Ind.

CASE I.—Mr. B. came to me for the removal of a tumor located at the right angle of the nose, just over the symphisis of the frontal and nasal bones. The tumor was about the size of a robbin's egg, cystic, slightly movable, not painful, unless hit, but was very disfiguring. Had been there ever since he was born. Placed him in the chair, introduced the needle of my hypodermic syringe and drew the piston up in order, if possible, to evacuate the

tumor. Failure. I then punctured it with a sewing needle and by pressure a yellowish liquid was expelled. This was repeated at three sittings, when I applied adhesive plaster firmly over the parts to prevent any refilling of the sack. Patient no longer overbalanced as to his physiognomy.

CASE II.—Young man had impure connection three days since. Felt slight burning at orifice of urethra that morning. Had to urinate oftener than usual, which burned slightly. Gave Cann. 1x every hour, and continued it for three days. Some tenesmus of bladder caused me to change for Canth. 2x; continued for several days, when all inflammatory symptoms had subsided. A slight milky discharge was still left, which promptly yielded to Merc. sol. 6x. No gleet, no stricture, no after symptoms whatever, and no injections used to accomplish it.

CASE III.—Mr. D., indolent ulcer on outer lower portion of right leg. Been there three months. Strapped the ulcer with adhesive plaster both horizontally and vertically to support and furnish it rest. On account of peculiar nightly burning in the ulcer I gave Ars. 2x, internally and applied a dry dressing of the same. Three weeks of such treatment entirely healed the ulcer.

KALI BICH.: A VERIFICATION.

H. W. CHAMPLIN, M. D., Chelsea, Mich.

May 10, 1887, Mrs. B., aged over seventy, sent for medicine for chronic rheumatism. She was restless and sleepless at night. Further than this no characteristic symptom on which to base a prescription could be obtained. Although the peculiar aggravations and ameliorations of Rhus could not be elicited by leading questions, yet on account of the brilliant results so often obtained from that remedy in chronic rheumatism, Rhus 30 was prescribed.

May 17 Mrs. B. reported by her daughter that she was able to sleep better at night, that some days the pains were less, but that improvement was not very marked.

The messenger, evidently being better prepared to answer questions, we learned: (1) the pains changed rapidly from one place to another; and (2) that they occupied small spots that could be covered with the point of the finger. These two symptoms taken together point unmistakably to Kali bich. Kali bich. 30 was accordingly administered and followed by a rapid cure. We are informed at this writing that the patient has not felt a rheumatic symptom since taking the medicine.

In looking over back volumes of the ADVANCE and other literature of our school, we find but very few verifications of the symptoms of Kali bich. In catarrhs and diphtheria it seems to be a routine remedy with many. It is rarely mentioned in connection with any other disease. The pathogenesis of this drug is a rich one. There are characteristic symptoms under nearly every rubric. With a thorough knowledge of these peculiar characteristics one can scarcely fail, and the therapeutic range of the remedy will be found broad.

THUJA FOR FIGWARTS.

HOWARD CRUTCHER, M. D., Louisville, Ky.

Mr. Blank, aged twenty, of strong constitution and good health. Contracted gonorrhœa about three years ago. The disease continued to grow in severity of symptoms, notwithstanding the fact that he was continuously under an average country Allopath's kind supervision, until some six months ago, when it seemed to disappear. Thinking himself well again, and wishing doubtless to celebrate his cure, he exposed himself a second time with the result of contracting the trouble once more. Very soon a stricture was diagnosticated, and shortly thereafter a fine crop of figwarts made their unwelcomed appearance.

In this condition he consulted a homœopathic practitioner of very high repute, who, to his great surprise, did him no good. Chromic acid and other noxious preparations were applied locally, time and time again, without the slightest improvement following their use. In truth, the

chromic acid was already causing some superficial sloughing when the case accidently fell into my hands.

A new crop of warts was fast coming on in the place of those last removed by the action of the acid. Passing sounds readily reduced the stricture, and I turned to the Homœopathic Materia Medica to find a remedy to cure the warts.

After a careful and thoughtful study of the whole case, I gave him Thuja 30 in infrequent doses. Within three days a marked improvement was manifest, and in in three weeks he was *perfectly* and *entirely* well, not a trace of the warts remaining. I have no apologies to offer for using this remedy in the thirtieth dilution; the critic who sneers at its action in this case and expresses a doubt as to its efficacy, simply knows too little about the case to argue it with me.

That patient is grateful beyond expression, and says there is no trace of doubt in his mind that Thuja has cured him.

Since writing the above my former associate, Charles M. Koier, M. D., has told me of a peculiar case recently coming under his care. An infant ten months old was brought in by its parents, who protested that there was absolutely no veneral history in their families. The child's perinæum was, however, covered with about sixty well-formed figwarts. Dr. Koier made a very rigid examination of each parent and failed to find any taint of venereal disease in either. He concluded, therefore, that the child contracted the disease, from which the warts had sprung, by being kissed. It is altogether likely, indeed, that some ardent but diseased admirer of the little one had given this child *something* through the medium of a kindly meant, but none the less dangerous, kiss.

I merely make mention of this case to show how careful we all must ever be not to do any innocent person an injustice. If that child contracted a venereal disease by the method suspected by Dr. Koier, it would be cruel to lay its sufferings at the door of its parents, who, so far as human ability can judge, are entirely innocent.

HEADACHE: VERATRUM ALBUM.

F. E. WATTS, M. D., Port Allegheny, Pa.

Mrs. C——. Has been subject to a severe nervous headache for years. Any over-exertion, as riding or working during the hot days, would bring on these headaches. Frequently commencing in back of head the pain would go over the head and settle in, sometimes one eye, sometimes the other. Silicea, Spigelia and several other remedies given with no relief. One day noticed the brow contracted and eye-lids nearly closed on account of intensity of the pain. This had been a continuous symptom from the beginning, and Veratrum album relieved the headache at once.

URÆMIA.*

DR P. JOUSSET.

We will at this time take up a subject, which, though very difficult, is nevertheless essentially clinical—*Uræmia.* It is an affection frequently met with, grave and insidious and which may kill the patient in a few hours; it is therefore very important to be able to give this affection an early recognition. In the beginning of puerperal or scarlatinal eclampsia or in a patient who is coming down with scarlatina it is easily recognized; but there are many obscure cases which now and then will deceive the physician.

For example: You are called in the night to a patient taken with suffocation. You are told he has had one or two similar attacks on previous nights. You think it an asthmatic attack—the patient furthermore having all its appearances—a false security which is terminated by a fatal *denouement.*

Another time it is a patient who is in a comatose state with or without convulsions. You will wonder if it be an apoplectic attack, a cerebral hæmorrhage or an epilepsy.

* Translated from *L'Art Medical* by H. P. Holmes, M. D., Sycamore, Ill.

Or, again, it is a patient who has delirium or hallucinations. Patients presenting this form have been sent to the asylums; they were all simply cases of nephritic uræmia. You see in such cases the importance of the diagnosis.

Uræmia is not a disease, but a symptom of a disease. It is an affection caused by the insufficiency of the urinary secretion. The blood becomes urinous. I will not say that it contains carbonate of ammonia or any other product, leaving that for the time with the many theories advanced. The organism is freed by the kidneys of many excrementitous products; if, then, this elimination is hindered or becomes impossible either by a renal lesion or on account of any obstruction to the excretion of the urine it results in a special morbid condition—a veritable poisoning designated by the name of *urœmia.* That absence of the elimination of the excrementitious products, whether it results from an alteration of the kidney which, as an organ, has lost its secreting properties on account of Bright's disease, cancer, hydatids or suppurative nephritis; or whether it results from an obstacle to the elimination on account of a calculus lodged in the ureters or bladder; or by compression exercised upon these organs by a tumor, the effects produced are the same.

It is the custom since Freirichs to describe uræmia as a slow uræmia and a rapid uræmia; I will not adopt that division. They have also considered it possible to localize some of the forms of uræmia in a special department of the nervous centers; the convulsive form is traced to anæmia of the middle lobe; the comatose form to cerebral anæmia, etc. We will return to that question.

Uræmia presents itself in five forms:

1st. Eclampsia or convulsive;

2nd. Comatose;

3rd. Delirious;

4th. Dyspnœtic;

5th. Gastro-intestinal.

Most authors describe only those forms and group the first three varieties under the name of *cerebral.* I prefer the first division on account of the strong characters which

those three forms present, and in describing them to you I will tell you to what lesion they may be ascribed.

All of these forms have common characters which we will take up in review. The poverty of the urine which is a common sign; for verifying this we take the specific gravity and this is ordinarily found light, frequently below 1010. The presence of albumen in the urine is regarded as a constant symptom, but that is not always true; there are cases where no albumen is found. The diminution of the quantity of urine is also a sign not always constant; also do not allow yourselves to be deceived by the absence of albumen or by polyuria; the patient may urinate abundantly, but the urine he passes is only water. Another character is the diminution of the toxical condition of the urine. You know the experiments made upon rabbits; when a certain quantity of normal urine is injected into the veins of an animal it produces uræmia, accidents which do not happen where the same quantity of urine is injected from a uræmic patient. This is a good experimental sign, but one cannot always employ this means in practice. Another character is the presence of urea or especially the carbonate of ammonia in the exhalations of the patient. In placing a small rod dipped in hydrochloric acid before the mouth of the patient, crystals of acetate of ammonia will be deposited. There is also a lowering of the temperature excepting in the form of eclampsia; the fingers have a death-like appearance and there is paralysis of the extremities. Usually the pupils are contracted, but not in all forms.

The *eclampsia* or convulsive form may be complete or incomplete. When complete it is a convulsive attack almost identical to an epileptic attack, with distortion of the features, frothing at the mouth, both tonic and clonic convulsions and a period of collapse; but there is not the initial cry. In the interval between the attacks there is at first a complete return of consciousness; an elevation of the temperature is observed; the pupils are contracted during the attack and dilated during the interval; then follows the coma with loss of reflex excitability, amblyopia, temporary blindness, etc.

My teacher, Jean-Paul Tessier, who has succumbed to uræmic attacks following diabetes, described his experiences to us on his death-bed: "I see you, I converse with you," said he, "all at once I see red, I lose consciousness and the convulsions commence," etc.

In the incomplete form there are convulsions, contractures, tetanic form (Jaccoud). The convulsive form is met with in catarrhal and parenchymatous nephritis, in the epithelial nephritis, (Lancereaux), in the nephritis called infectious, following variola and scarlatina, in the puerperal state, etc. In this form there is an elevation of the temperature.

The *comatose* form should not be confounded with the periods of coma which follow the attacks of convulsions in the eclamptic form. The patient is apathetic, in a torpor, a somnolency from which one rouses him with difficulty and which borders upon coma; the patient replies in mutterings when spoken to. There is no paralysis and the physiognomy simulates ecstacy; the patients have a sort of solemn air. This form is sometimes accompanied by a mild, tranquil delirium; the pupils are contracted and we find a lowering of the temperature. I said there was no paralysis, but some cases, however, have been observed which presented localized paralysis, or monoplegias. The comatose form is ordinarily observed in advanced cases of parenchymatous nephritis.

The *delirious form* comprises two varieties, the pure delirious form with or without coma and the form of *mental alienation.* In the latter case the cerebral symptoms may simulate insanity in all its forms,—the insanity of Bright's disease. Dieulafoy observed a case of Bright's disease in which the patient during a fortnight, to a certain extent, was a prey to hallucinations with ideas of persecution and suicide. This delirium may last for several weeks or even months, but it is most frequently cured. This form is observed in interstitial nephritis.

The *dyspnœtic form* presents three varieties. Sometimes it appears in the form of a nocturnal attack as an attack of asthma and entirely ceases by morning. The

patient has dyspnœa, is greatly distressed, gets out of bed, etc. Auscultation reveals signs of pulmonary emphysema, sibilant râles, and prolonged expiration; but more frequently we find in the outset some sub-crepitant rales. Again the patient is taken suddenly with great distress or intermittent attacks of oppression accompanied by the respiratory rythm of Cheyne-Stokes, unless there may be respiratory troubles explained by an appreciable lesion. You know this type of respiration which comes on in gradual acceleration. The pupil is contracted during the pause and on the contrary is dilated as the respiration is accelerated. This is a sign of interstitial nephritis.

There is still another variety of the dyspnœtic form,—the continued dyspnœa. The respiration is greatly accelerated, there is anxiety, orthopnœa and the vesicular murmur is feeble. The respiration is supra-costal and seems as if the diaphragm did not act. The pulse is accelerated, the respirations are harsh and noisy. The roughness of the voice sometimes causes alarm, and we wonder if it is not due to an œdema of the glottis, and if it will not be advisable to perform tracheotomy. There is always lowering of the temperature. This form belongs to the parenchymatous nephritis.

The *gastro-intestinal* form is characterized by nausea, vomitings more or less frequent, at times uncontrollable and sanguinolent, but most frequently of food, mucus and bile. The vomitings contain carbonate of ammonia. There are diarrhœic and dysenteric sypmtoms explained by the action of the urea on the mucous membranes of the stomach and intestines. This form is met with especially in interstitial nephritis.

The prodromal symptoms of uræmia are sometimes wanting, or pass unnoticed, and the attack comes on brusquely as in the form of eclampsia; but most frequently, and I believe the prodromal symptoms always exist, there is a diminution of urine either in quality or quantity. But there are a multitude of other symptoms that we should be thoroughly able to recognize. Cephalic pains are improperly considered as migraine, troubles of vision, gastric af-

fections which are attributed to a dyspepsia, attacks of suffocation which might be taken for an attack of asthma, divers cardiac affections, apathy and somnolency. Auditory troubles have also been noticed, painful cramps, prickling or formication in the fingers, and itchings which may be mistaken for a simple pruritis. Again it is the diminution of a chronic diarrhœa, diminution of sweats and also of an anasarca or the sudden disappearance of an eczema, because these are frequently its ways of elimination. It is the thorough knowledge of all these symptoms which places you on your guard and enables you to diagnose urœmia.

The conditions which hasten urœmia are, excesses, hearty meals, fatigue, painful emotions and chills. The patients afflicted with nephritis should avoid chilling themselves, and should let great temperance govern their lives, which does not prevent us from saying that to a son.

Urœmia is produced by the accumulation in the blood of excrementitious principles of the urine. It may be recognized by three principal signs which I have already pointed out; poverty of the urine either in quantity or quality; the presence of albumen, sub-normal temperature, and finally contraction of the pupils which is an ordinary characteristic. In the eclamptic form the pupil is dilated before the attack and contracted afterwards.

The pathognomonic sign consists in the poverty of the urine. From this we may draw the surest conclusions. There are cases, it is true, where no albumen is found in the urine or when the presence of albumen is only transient and intermitting. But a sign which never fails is the condition of density. Whenever you find a patient whose urine has a specific gravity of less than 1010, for example, you may be certain that the urinary secretion is insufficient, and you should be on your guard against *urœmia* which may suddenly manifest itself by redoubtable attack.

I have given you this lecture on urœmia *à propos* of a patient who is now in our wards. I should have commenced by giving a history of the case but I wished to wait a few days because at that time I should have had but little to tell you about it.

The patient is a man of 66 years, that is to say an old man, who, some forty years ago, in Algeria, had a general articular rheumatism and intermittent fever. Since that time his health has been quite good. During the eighteen months preceding his entering our wards, he was subject to attacks of oppression which were taken for asthmatic attacks; later his legs commenced to swell and for nearly three months the œdema has not diminished in the morning.

At the time of his entrance January 5th, the patient was subject to an excessive dyspnœa, the face was cyanotic and the legs were quite œdematous. Auscultation of the heart sounds presented three great difficulties, on account of the noisy respiration of the patient; the sonorous and sibilant rales were heard quite a distance and absolutely drowned the sounds of the heart.

Somnolence and delirium, urine scanty—less than one-half pint—and strongly albuminous; such was the aspect of the patient the day of his entrance.

I prescribed Arsenic 3x potency and milk diet.

Under the influence of this regimen the quantity of urine increased and reached two and one-half quarts in a few days; but there is always considerable albumen: measured in Esbach's tube the deposit found in twenty-four hours is still above the highest graduated degree marked on the tube. The dyspnœa has diminished but a comatose state with monotonous delirium has followed.

January 13th. The comatose form is still marked, the pupils are contracted and the patient is indifferent to everything. He replies but little when spoken to and then only in monosyllables. There has been but one and one-half quarts of urine passed in twenty-four hours.

I gave Opium 3x trituration on account of the somnolency and the contraction of the pupils.

January 14th. The quantity of urine has slightly increased—one and three-fourths quarts and albumen, ten grammes (150 grains).

January 15th. The patient is better, is a little less somnolent and replies to questions put to him. Urine three quarts; albumen, four grammes, (60 grains).

The condition of the patient improves from day to day, the coma is gone, the œdema of the legs is diminishing and the 19th of January the urine contained only traces of albumen; however, the density is still below normal and has not gone above 1010; at the first the specific gravity was only 1007.

In this case have we the pure dyspnœtic form or the comatose? These two forms are frequently associated. Our patient from the first presented the dyspnœtic form, the coma being added afterwards; the figure was ecstatic and the pupils very much contracted. At one time, the 11th of January, alarmed by the extreme dyspnœa, we gave Ipecac. 1x trituration without an appreciable result; it was thoroughly indicated. The 13th we gave Opium on account of the somnolence and contraction of the pupils. There was a gradual amelioration of the general symptoms in spite of the presence of albumen in the urine in considerable quantity. Under the influence of Opium we have had an amelioration and the patient is out in good shape. But we must raise no false hopes; the immediate danger has been overcome but the patient has not been cured and I consider him doomed to a certain death in spite of the appearances of good health which he presents. It is evidently a case of well advanced parenchymatous nephritis. It is indicated by the anasarca and the presence of a considerable quantity of albumen in the urine. In the interstitial nephritis there is less anasarca and less albumen.

In regard to the treatment we have from the first searched right and left for the indications, Arsenic, Belladonna, Ipecac., without obtaining the desired result. In this case it was Opium 3x trituration, which relieved. This remedy, in effect, was well indicated and the law of similars, once more, was not in default.

The theory of uræmia has been studied very much. It is not a disease but an *ensemble* of symptoms which occur when the urinary secretion is bad. Numerous theories have been advanced for explaining the many symptoms of this affection, but unhappily the most of them fall under the domain of hypothesis. There are two principal doc-

trines. 1st, the doctrine of lesions; 2nd, the doctrine of poisoning. According to the partisans of the first theory the phenomena of uræmia arises from ventricular hydrocephalus, or again, to cerebral œdema and anæmia (Coindet and Odier). The authorities who refer uræmia to cerebral anæmia have thought it possible to localize each of its forms in a special department of the nervous centers. The convulsive form they refer to anæmia of the middle lobe, the comatose form to cerebral anæmia, etc. These theories cannot be absolutely relied upon. In certain cases, in effect, these lesions have been found at the autopsies. That doctrine cannot explain every case and should not be held exclusively.

The doctrine of poisoning is placed upon a positive basis which is the insufficient urinary secretion and the retention in the blood of excrementitious principles; but which of these principles is *the* poison?

According to Wilson it would be the urea which produces all these conditions; from that they get uræmia. But urea is not poisonous, or, but slightly so. We have seen, in effect, the uræmic conditions in patients whose urine contained twenty and twenty-five grammes of urea and in many uræmic patients the urea is in the blood in its normal state. According to Frerich the urea is transformed in the blood into carbonate of ammonia which is poisonous. The objection to this theory has been made that the blood contains no ferment which could produce this transformation. In place of this transformation in the blood the urea has been transformed in the intestine into carbonate of ammonia and passes thus into the blood. That can apply to but few cases, therefore, that theory is not satisfactory.

Not having been able in every case to incriminate urea they have accused creatine, leucine, tyrosine, etc., etc.; but these extractive principles injected into the blood do not produce poisoning.

The question is then brought back to the point of departure; and another theory is that it is the passage in the blood of the urine in its totality which produces the uræmic

conditions. Normal urine in effect is a poison when it is passed into the blood. The experiments of Feltz and Ritter, and those of Bouchard have demonstrated its toxicity. The urine of a uræmic patient on the contrary is not poisonous. Whenever the ureters are ligated in a dog, death takes place in three days. In the calculous, or cancerous, or, if the ureters are completely obstructed by a calculus or by compression, death occurs in about nine or ten days. The retention of the urine in the blood is, therefore, a veritable poison.

It has been found that urine possesses its maximum toxicity eight hours after rising, and at the time of retiring the toxicity is at the minimum.

Injecting urine into the veins produces uræmia. According to Bouchard, the poisoning would be more complex. To the salts of potash contained in the urine it would be necessary to add the poisons furnished by the biliary secretion, by the alimentation and by the residues of the intestinal putrefactions. Add again the absorption of the toxic alkaloids and the ptomaines. The study of the ptomaines has been carried very far. It is necessary, however, to hold them in distrust. They have found the convulsive principles, narcogene, sialogene, hyposthenisant and even diuretic.

In the case of uræmia it is not what I call a poisoning, metaphorically, as in typhoid fever and cholera. Here the poison is real. The experiments made upon animals in injecting normal urine or in ligating the ureters does not leave room for doubt. There is here the retention of poison which always produces the same symptoms and the same effects.

Nephritis causes progressively and more or less slowly the same result, suppression of the renal function.

The signs of poisoning vary with the mode which has produced it. 1st. The slow type, anuria, causing death in nine days. The predominant symptoms are: apathy, subnormal temperature, respiratory troubles, vomitings, contraction of the pupils, hypothermia, somnolency, mild delirium and death by a convulsive crisis, suffocation, syncope or coma. The 2nd type is attributed to nephritis

catarrhal scarlatinal or puerperal. This is the eclamptic form on a grand scale, so to speak; it presents all the signs of acute poisoning. The types of parenchymatous and interstitial nephritis have been described in the last lesson so I will not return to them. Why do they separate uræmic eclampsia from uræmia? For my part, I think there is no reason, naturally, for separating eclampsia from the other slower forms of uræmia. It holds to the same causes—to troubles from urine poison, and presents many common symptoms.

Passing to the treatment. The affected heart produces asystole and the affected kidney produces anæmia (Bouchard). The preventive treatment, then, will be a question of regime; shun colds and excesses.

BACTERIA IN DISEASE.

A. McNEIL, M. D., San Francisco, Cal.

Dr. W. Albert Haupt, of Chemnitz, is famous not only in Germany and Europe but also in America as an able and ardent champion of the bacteria theory. He has conducted many discussions with learned opponents, and if he has not always carried conviction to his readers yet he has always shown himself an antagonist entitled to respect. He still remains as firm in his belief, but he has made an acknowledgement in the *Allg. Hom. Zeitung* that every true follower of Hahnemann must feel it a great victory at a point which had caused some trepidation in those whose faith in the law was not very strong. He says in the issue for July 14 of the above mentioned journal:

I must again and again repeat that *it is a matter of utter impossibility to destroy the bacillus tuberculosis in the lungs of a living man.* One may administer sulphuric acid, carbonic acid or any other form of gas, iodoform, analine, menthol, creosote, carbolic acid, eucalyptol or whatever the agent to be experimented with, either by inhalation, subcutaneous injection, *per orum* or *per anum*, in order to get it into the body of the consumptive. Experiments in the test tube and a simple calculation should prove to every one that doses which introduced into the human organism would destroy these parasites would, without doubt, cause a

fatal poisoning of the patient. In the lungs the bacillæ stand in a different relation to the germicide than in the test tube, for in the former they are protected by the muscles in which they are nestled from the destructive action.

If, in the face of all probability, a substance should be discovered which, greatly dilatated, would kill the rods (the vegetable forms which multiply by fission) of the bacillus tuberculosis, and administered in massive doses, would not injure the patient, yet even then nothing would be gained, for these rods form spores (which grow and reproduce the permanent forms in the human body) and possess powers of resistance to destruction unparalleled in all forms of life, and can only be destroyed by boiling for hours by certain poisons in strong solution.

It sounds strangely when Dr. Klauber asserts in his 'Scientific Reports' (in this journal, Vol. CXIV, No. 19): *'If the bacillæ are the actual cause of disease, therefore the treatment based on this theory must have the anticipated and desired result.'* Has he not thought that such therapeutics might be wrong? And *it is certainly completely wrong*, as long as it attempts to do what is impossible—to destroy the instigators of the disease (Krankheits erreger.)

The reports of cases of the improvement of consumption which we now and then meet in allopathic journals after the administration of antiparasitic agents, look very plausible indeed, *but can deceive no one who is conversant with the solution of questions on bacteriology* [the italics are mine]. Frequently it is only an accidental decrease of the symptoms, a momentary stoppage of the morbid process, as occurs in all phthisical patients without any medication, or they are the result of the improvement of the external relations of the patients, particularly after reception in a hospital. Sometimes it arises from the regular inspiration and expiration of the inhalents, whereby portions of the lungs, which were before inactive are now set in action and the capacity of the lungs thus increased.

* * * * * * * *

Doubtless the only true therapie in tuberculosis is that in which the primary aim is to strengthen the resisting power of the lung tissue."

Dr. Haupt maintains the great advantage of bacteriology in diagnoses and exemplifies this by a case which was diagnosed as tuberculosis with fatal prognosis, but from the entire absence of the bacillus from the expectoration he maintained that it was not consumption, and that it was curable, and when the indicated remedy, which was Stannum, was given a happy result soon followed.

The doctor further acknowledges that in diphtheria it is not by the germicidal qualities of drugs, but by the similar remedy that the disease is cured.

It is to be hoped that those who, although calling themselves Homœopaths, talked of curing disease by germicides, perhaps under the shadow of this and other great names, will now return to the law of cure which they had abandoned.

CURES BY DR. HESSE, OF HAMBURG.

A. McNEIL, M. D., San Francisco.

CASE I.—OTORRHŒA: *Lycopodium.*—A blonde, delicate boy of three years, four weeks after a successful vaccination was attacked by a profuse, stinking, purulent discharge from the right ear; at the same time he became lachrymose and his feet strikingly cold. He received one dose of Thuja 30, Silica 30 and Pulsatilla 30, in watery solution for four weeks without benefit, so that the parents became impatient and spoke of the necessity of local treatment. As I then questioned the mother again she called my attention to the ugly yellow color of his teeth. In Jahr's Repertory I found that symptom in Lycopodium, Nitric acid and Phosphoric acid. The latter is not mentioned by Bönninghausen in purulent otorrhœa, so only the first two —Nitric acid and Lycopodium remained; both have disposition to weep. For Lycopodium the coldness of the feet and the blonde hair decided.

I gave him some pellets of Lycopodium 30 on his tongue and gave it to be taken at home in watery solution. In four days his mother reported that the flow abated immediately after the first dose and now had entirely ceased. And several months after had not returned. If I had tried local treatment it would have been in this as in many other cases that it was not Homœopathy but the Homœopath that should be blamed.

CASE II.—PULMONARY HÆMORRHAGE: *Arsenicum.*—Some weeks ago I was called in the morning to see a young man who had been bleeding since midnight. I found him sit-

ting on a sofa; breathing with difficulty; unable to speak; with all indications of anguish and restlessness; pulse small, irregular and uncountable. Frequently a slight cough brought up bright-red, foaming blood; tormenting thirst, drinking but little at a time. He could not remain in bed, as he could not lie down and thought he would soon die.

I gave him Arsenicum 30, a powder every two or three hours. In two hours I found him sleeping quietly with elevated head; respiration tolerably quiet; pulse 70, regular and weak; neither cough nor blood since the first powder, but rest and sleep. He recovered very quickly.

CASE III.—CHOLERA MORBUS: *Ipecac.*—A boy of nine was attacked in the evening without known cause, with vomiting and diarrhœa which continued every half hour till I saw him in the morning. Violent thirst, he wanted to drink a large glass of water at a time, constantly; much pain in the bowels; great weakness and restlessness, and no sleep. He could only lie on his back.

I gave him Ipecac 30, a powder every three hours. His mother reported next day that he went to sleep after the first dose and when he awoke asked for food; no more vomiting or diarrhœa.

I was guided by the impossibility of lying except on his back, according to Bönninghausen.

VERIFICATIONS.

J. T. KENT, M. D., St. Louis.

CASE I.—*Natrum Sulph.*—Mrs. A. A. B., aged 48.

Gnawing pain in back of head, extending down spine, brought on from grief and protracted anxiety.

Thin, sallow.

General mental sluggishness.

Throbbing in back of the neck.

Has had much trouble with back of head and neck since an attack of sunstroke many years ago.

Bowels constipated, no stool for days, no urging; but the head symptoms are improved after a stool.

Dreadful bitter taste in the mouth.

The headache is mostly in the morning and gets better after moving about a while.

The other symptoms have been better and worse for years. Coming in wane-like attacks, but never well.

Cathartics once gave relief, but nothing seems to give her any comfort now.

She was given a few powders of Natrum sulph., 500 (B. & T.), with instructiona to dissolve one and take of it frequently at the beginning of every spell of growing "billious," as she called it, and to hold the rest of them.

She has never taken but the first, she is holding the others. All the symptoms that remained through the interim of the more severe attacks have departed, and she is perfectly well.

CASE II.—*Pulsatilla.*—Miss E. B., aged 35.

Deafness, cannot understand except when watching the motion of lips.

Can only speak in a whisper.

Deafness and aphonia of many years' standing, but has been whispering for four years.

Accumulation of yellow, thick phlegm in throat, especially in the morning.

Burning feet and ankles.

Warm room suffocates and flushes face.

Fast walking causes nausea, faintness and flushes the face.

All kinds of bodily exertion heats her up and suffocation follows, with purplish red face.

Fast motion is quite impossible.

Brown spots on the face.

Constant swallowing.

May 9.—Pulsatilla 15m (J.).

July 15.—Voice mostly recovered; hearing only slightly improved. Can take active exercise without flushing. Ankles become very weak, they turu when walking, otherwise fteadily improving.

No medicine.

Sept. 13.—The only symptoms left are deafness, which has not improved, and weak ankles.

Pulsatilla cm. (H. S.).

Oct. 20.—Ankles became strong; "except the deafness am perfectly well."

She has remained perfectly well, but the deafness does not change.

CASE III.—*Sepia.*—Mrs. J. R. A., aged 33.

Tall, slender woman, mother of several children. Dry cough only in day time. Has been poorly since birth of last child (two years). Headache on vertex, throbbing, feels as though head would open on top, worse from any noise, *perfectly relieved by sleep.*

Headache comes before menses.

Pain in left side of nose to left eye, very sharp, almost constant when the headache is present.

Burning on top of the head, then comes a sensation of throbbing, as with little hammers on top of head, sometimes within the skull.

No appetite.

Chronic constipation with no urging to stool for a week, then a very painful, difficult stool.

Dull aching pain in region of spleen.

Leucorrhœa quite constant, thick, yellow, sometimes white.

March 29.—Sepia 50m (F.), one powder, dry. All symptoms removed and she remains cured.

CASE IV.—*Pulsatilla.*—L. M., lady, single, age 28. Has always been sickly.

Reaching up with the arms brings on a peculiar pain that runs from the pelvis to the throat. This pain also comes on after exertion, especially after climbing stairs.

After walking any distance or climbing the stairs she has a desire to urinate.

She has horrible dreams of robbers. She dreams of her lover who disoppointed her.

She wakes from sleep in tears, even sobbing.

She has had a dark, yellow, thick leucorrhœa since puberty.

Constipation alternates with diarrhœa.

Aching in the lumbar region of the spine.
Despondent before the menses.
Inability to sustain a mental effort.
Headache, with severe pains on one or the other temple that makes her blind.
She is very figity and generally nervous.
Melancholy and tearful.
Cannot lie on either side, only on the back.
Menstrual flow dark, clotted, offensive.
She is greatly protracted from any warm air, warm room or slight exertion.
Aching in the back that compels her to lie with her arm under it, as the pressure relieves.
She feels a desire to go to bed and sleep in the day time.
Oct. 22, 1884.—She took Pulsatilla 51m, one dose.
Nov. 19.—She had improved in ever way and improvement ceased. Pulsatilla 51m, one dose. She has been perfectly well ever since. Every symptom removed by Pulsatilla, two doses. An invalid was restored to usefulness. A more useful lady cannot be found.

ON THE THERAPEUTIC EFFECT OF LAMIUM ALBUM —COCAINUM—ERGOTISM.*

That Lamium album possesses hæmostatic power was already known to the ancient Spanish physicians, and Lacutus Lusitanicus 1694, recommends this plant in hæmoptysis, melæna, etc. An infusion of the blooms was often used in leucorrhœa, whereas, the syrupy extract of the plant in doses of 15 to 20 grammes was found highly efficacious in metrorrhagia. In our days Lothe gathered the plant at the time of blossoning, macerated it for a week in 60 per cent. alcohol and then filtrated it. With this fluid tampons are soaked and then pressed on the bleeding surfaces. Its action will be found fully equal to that of the perichloride of iron. In a case of obstinate metrorrhagia, where the perichloride of iron failed after the preceding use of Ergotine, Alum, Tannin, etc., he gave tincture Lamium

* Translations by Dr. S. LILIENTHAL, San Francisco.

alb. 100.0, Syr. simpl. 50.0, Aqua dest. 25.0, a teaspoonful every half hour, with prompt effect. The plant contains Tannin, Gallic acid, and a specific agent which he calls Lamin. This alkaloid ought to be compared with that found in Hamamelis, Gossypium, Ustilago, Ambrosia, Artemisia and with the extract of Hydrastis canadensis.—*Journal de Médicine de Paris, July '87.*

ON THE INTERNAL USE OF COCAINUM.

A young lady had rheumatism at the age of 12 years which left her with insufficiency of the bicuspidal valves and finally hypertrophy of the heart, followed off by hyperæsthesia on different parts of the body. Two weeks ago she was taken with hyperæsthesia of the stomach and bilious vomiting which became continuous, so that she could not keep the least thing in her stomach, the urine diminished, strength failed by the action of the heart enormously increased. Digitalis, Opium, internally and externally failed. The vomiting could not be considered uræmic, as the sensorium was unclouded and the diminished urination might be caused by the constant vomiting. She received now Cocainum hydrochlorate, 0.015 pro dosi, dissolved in water, and the vomiting ceased for two hours. A second dose stopped it for six hours, and after a third dose she could be considered entirely relieved. She only felt a little numbness on her tongue, but otherwise no other subjective symptom.—*Wien. Med. Presse, 29, '87.*

PERMANENT SEQUELÆ OF ERGOTISM IN RELATION TO THE CENTRAL NERVOUS SYSTEM.

During 1879 and 1880 Ergotism (epileptoid spasms, mental disturbance with the character of dementia and affections of the posterior columns of the spine with absence of the patellar reflex) prevailed in some parts of Hessia. Several years latter Prof. Tuezeck, of Marbury, looked up the state of health of the 29 patients treated there at the clinic of Marbury. Nine had died, mostly from convulsions with dementia; from five he could not get reports; of the other fifteen two still suffer from epilepsy, most of them

show considerable defects of intelligence and the patellar reflex remains abolished. Only three are mentally intact and just in those three the knee-phenomenon has returned. Many of these patients complain of headache and other paræsthesiac, whereas, other disturbances of sensibility or motolity and ataxia are nowhere detected. It is remarkable that in patients suffering from ergotism the disease shows not a progressive character, though after seven years the cases must be considered incurable. No other tabetic symptom could be discovered except the disease of the patellar reflex. Lasting loss of intelligence and a tendency to relapses are constant manifestations. His researches also showed that many families have died out, that many persons since then suffer from epilepsy and in every one of these infected villages there are a number of people, who became demented more or less in consequence of their ergotism.—*Centralblatt f. Nervenheilkunde, 14, '87.*

CLINICAL NOTES.*

A. M. CUSHING, M. D., Springfield, Mass.

As the published transactions of the Homœopathic Medical Society of Massachusetts give me credit for spending more time, proving more remedies all upon myself, and presenting to that society than all the other physicians in the state, I feel I have earned a right to say something about Materia Medica. I shall speak of the remedies I have tried to prove, referring to the symptoms that I consider most characteristic.

All symptoms observed while proving a remedy are not trustworthy, for the reason that some symptoms *may occur* during the proving of *any remedy.* A person should prove more than one remedy to ascertain whether in their case it is so or not. If possible all symptoms should be verified clinically, then we should be doubly sure.

My first experiment was with the nest of the large black

* Read before the Worcester County Homœopathic Medical Society.

hornet. I made a tincture, triturations and attenuations, but got no positive symptoms. I made an accidental proving of Ratanhia in this way. I was troubled with a slimy diarrhœa which seemed to be located in the rectum. As I sometimes do things with a vengeance, I took Ratanhia tincture to cure it speedily. The troublesome itching of the rectum that followed suggested a remedy for that trouble as well as for ascarides, and it has proved a valuable remedy for those troubles. Let me say that it is one of the most unreliable remedies that I have used. If you get a genuine article, do not lose it, for the chances are more than even that the next you buy will be good for nothing. When I am obliged to buy a new supply I take it quite freely to learn whether it has any virtue or not, and it does not take long to learn if it is good.

Bromide of ammonium has been given for whooping and and other kinds of cough, sometimes with benefit and sometimes without. In proving it I found that the cough and the inclination to cough both came suddenly; there was no premonition or warning. A few weeks since I was reading an article in the *Hahnemannian*, which has since appeared in the *Investigator*, from the pen of Dr. Lilienthal on Ammonium salts. He says:-

> We now turn to the Guiding Symptoms of our blessed Father Hering and read of Ammonium brom., giving the nose, throat and cough symptoms, etc., also feels the cold more than usual, must warm the feet in a warm room.

I thought those symptoms seemed familiar, and turned to my proving as found in Allen's Materia Medica (and other places) and found it was taken word for word from my proving of that remedy. Now, what I wish to say is this, I experienced all of the symptoms recorded then, but at other times since then, when I was worn out, very tired for days at a time, I have had that same symptom of cold feet, but generally more in the right one (a Lycopodium symptom). Now, I am led to ask myself, did it produce debility, therefore causing the cold feet, or did it produce it without the debility (I do not remember my condition at that time), or did it produce it in any way? If I ever have

an opportunity I shall try to verify that symptom clinically and hope you will do the same.

Salicylic acid has been given for rheumatism, at times with success, at others without. In proving the remedy the first pain observed was in the right arm half way from the shoulder to the elbow, then in the other arm and in the thighs, then around the heart. This last is a distressed, burning feeling. The others are lame aching pains. It did not affect the joints at all, and that is why some failed to find relief. A proving by Dr. H. L. Chase, of Cambridgeport, gave similar results.

Artemesia abrotanum (Southernwood) affects the muscles in a similar way, but is more painful, and it has a sort of paralyzed condition. I think it affects the nervous system quite seriously. In acute rheumatism, with great pain, before any swelling occurs, it is a sovereign remedy. I have given it to a patient suffering with rheumatism (which promised a serious rheumatic fever), so he would scream when moved or cry out when one came near him (Arnica), and in forty-eight hours he was well except weak. If thoroughly tested I believe it would prove a valuable remedy in cases of spinal affection, paralysis, nervous prostration, etc. After I proved it Dr. David Thayer gave it a place in his pocket case, and I presume he has a valuable clinical record of its action, as he often spoke highly of it.

A proving of an attenuation of Mullen oil produced incontinence of urine, and it has a wonderful power to cure it. Reports of its power to cure urinary troubles, deafness and earache are quite flattering, and if I have done nothing more I feel that the introduction of this remedy has been a benefit to the profession and to the afflicted. I fear that adding alcohol to it destroys some of its good effects in diseases of the ear.

In proving Sulphate of Morphia I experienced sharp, darting pains in various parts of the body, such as are often cured by the remedy. I think an exhaustive proving of the remedy would show that it is homœopathic to neuralgic pains in various parts of the body. To get its

therapeutic effects it should be proved in an attenuated form, thereby avoiding its narcotic power. If you will examine my proving of Dioscorea I think you will find nearly all of the symptoms that have been produced by that remedy. There may be some spurious symptoms given, but I think a large majority of them are genuine. They appeared so at the time at any rate. There was not a day for four months that I was not seriously under its influence, and I have no doubt it affected me for years. I will speak of only one of the bowel symptoms, and that is the colic, which is relieved by standing erect or bending backwards, the opposite of Colocynth. In my hands, as well as others, it has proved a valuable remedy in chronic dyspepsia accompanied by constipation. For cases of broken down, nervous systems, with nocturnal emissions, even cases partially demented, I know of no remedy that can compete with it.

I have given you a few of the characteristic symptoms of these remedies, hoping if you have not been familiar with them you will study them.

I want to simply call your attention to a few remedies that do not seem to be in general use.

Sabal serulata is a remedy prepared from the ripe berry of the scrub palmetto. For catarrhal or bronchial coughs it is an excellent remedy. It has a fattening property superior to cod liver oil.

Not long since I met with a company of doctors, and we discussed nasal catarrh, but not one of them mentioned Sanguinaria can. For years I have considered it the best remedy we have for that disease, and now I feel inclined to think Nitrate of Sanguinaria may prove a better one.

Myosotis is a remedy that deserves our notice in cases of tubercular consumption. Some of you may have seen a report I made some years ago where it cured some cases almost hopeless.

Ova testa is a valuable remedy for old obstinate cases of leucorrhœa and troublesome *backache.*

One other remedy finishes my list to-day. Psorinum is a remedy that many discard entirely, and I doubt if there

is any in the market or private possession lower than the 200th attenuation, yet it is a wonderful remedy. When you get another case of cholera infantum, with little left except the bones, with a wrinkled skin drawn over them, giving the child an old "mummy" look, give it and be astonished, especially if the discharges are so offensive that Asafœtida compared with it would seem a sweet perfume. I prescribed for a boy, three years old, said to have diabetes, passing two quarts of urine in twenty-four hours, but it had a *very offensive* diarrhœa for which I gave Psorinum 200, and it was better in three hours, much improved the next day. Three days later it was well except some debility, though it had been ailing several weeks.

In the winter of 1884–5* I had a class of students from Boston, trying to teach them the homœopathic Materia Medica. I tried to teach them the characteristic symptoms, saying nothing about attenuations, but to you I think no harm to say, if you fail with or cannot get the low attenuations of a remedy do not be afraid to try the higher ones.

Most of you have probably read the article on diphtheria in the January number of the *N. E. Med. Gazette*, by Dr. Collins, of Nashua, N. H. As he mentioned my name in that article, saying I objected to such radical treatment (which is true, and I have not changed my mind since), I wish to say something in regard to it. I know Mercury has many symptoms similar to those of diphtheria, but many of us have failed with it. I followed Dr. Collins's advice, giving it as he recommended, and followed it till it loosened every tooth in the patient's head, and if he had not died would probably lost every tooth. Dr. Collins says (if I remember right) he lost only two cases in fifty; but epidemics vary in severity. If you will examine the report of the State Board of Health in this state about twelve years ago, you will find a record of an epidemic of diphtheria in Lynn, where the old school doctors lost one hundred and eighty patients—twenty-four per cent. of all cases

* This was before Dr. C. Wesselhœft gave his lectures to allopathic students.

they treated—reported by one of their numbers. At that time I treated one hundred and ten consecutive cases without a death; the next one died, and that is better than Dr. Collins's record. I gave Apis, Bell., Carbo veg., Kali bich., Lachesis and Phosphorus, as called for, and from the third to the 200th attenuation. At other times I have done much worse, but possibly my record then would compare fairly well with the old school. Why does Dr. Collins succeed better with this remedy than others? Does he not give the possible answer himself when he says: "The only remedy I have ever found to stop instantly the progress of the diphtheritic exudation, a slough, is 'Monsel's' solution of persulphate of iron." As this acts immediately, why not give it some of the glory? If removing the membrane is the greater object, why not use Trypsin, a mild remedy and an effective one? For thirty years I have been trying to cure this dangerous disease and am willing to try anything that will give relief. I have tried many things: cold and heat, kerosene oil, even the sulpho carbonate of soda bubble, but have never found anything to equal the indicated and well-tested remedies.

ABNORMAL SOMNOLENCE.*

G. W. WINTERBURN, M. D., New York.

I was asked to see a gentleman, a mechanical engineer, on May 8th of the current year. He complained of being afflicted with a distressing and overpowering sleepiness which greatly interfered with the proper discharge of his daily duties, which latter consisted mainly of pen work. As soon as he would sit down he was seized with a feeling of drowsiness which he could only shake off by getting up and stirring about. Enquiry elicited other symptoms, such as a feeling of prostration very pronounced in the early hours of the day; dull aching in the small of the back; turbid urine with frequent desire, and a sense of goneness and pressure in the stomach. The one symptom, however,

* Extracts from a paper read before the American Institute, 1887.

which overshadowed all else in his mind was the drowsiness.

I gave him Sepia 200 (Carroll Dunham). He was markedly better the next day, and reported that he was quite himself again on the 12th inst.

This gentleman had been ailing for several months and had taken mercury, Rochelle salts, and other purgative medicaments. He had also had Nux mosch., from a student of mine,—his nephew—which had helped him some, but its effects were only temporary. He has remained well down to this date (June 23th) although pursuing the even tenor of a rather confining employment.

There are some interesting addenda to this case. I have said that the man was a mechanical engineer. When told sometime subsequently by his nephew that he had been cured by Sepia, he said, "Why that's curious; do you know whenever I used Sepia to draw with and get it on my hands, I always noticed that I was worse." The question now is, was it a case of Sepia poisoning? And, if so, did the dynamized Sepia not only antidote the effects of the ink, but provide a prophylactic against subsequent exposure to its influence?

Being called suddenly to take charge of a person in a comatose state is not a pleasant experience, and as usually it is impossible to get the "history" of the case, a prescription becomes largely a matter of guess-work. A case of this sort was that of a young married woman which I saw in 1879. I was called as a Dispensary physician, late one night, to see a woman whose family I had known for a couple of years, and whom I had treated several months previously, for a uterine catarrh and general anæmia. I found her lying on the bed surrounded by her weeping relatives who were expectant of her immediate demise; she already looked quite corpse-like. Unconsciousness, was complete; respiration was slow and shallow, and the pulse radial imperceptible; the eye did not respond to bright light, nor did pricking with a needle elicit any evidence of sensation. The extremities were cold and the features

shrunken, and the whole appearance as of one who was quietly slipping out of life,—one who had known little of quietness here—into the Great Beyond. The only additional facts obtainable beyond those obvious to the eye, were that she had been slowly sinking for several days, and had gradually fallen into the state in which I saw her. I did not consider it would be of any use to give medicines. I knew, that whatever might be the more immediate causes of her present condition, she was simply succumbing to that hard fate which has carried down many a gentle and romantic woman—a drunkard's wife; and that a constitution never over-robust had been weakened probably beyond repair by continuous semi-starvation. Yet it would seem heartless not to attempt to do something, and urged on by her sisters, and guided by a peculiar enlargement of the pupil of the eye—an enlargement which displaces the entire iris—I put some pellets of Belladonna 200 (Carroll Dunham) on her tongue. Singular and even improbable as it may seem, in about a quarter of an hour, the eye-lids, which had been closed, twitched slightly and soon after opened slowly; respiration gradually became deeper and seemed more frequent; the pulse could again be felt faintly at the wrist. And although there was little change in the death-like appearance of the countenance, and no evidence of returning consciousness, surely and slowly, little by little, the thread of life was being taken up again, and I felt justified in saying to the gathered friends, that morning would see her "clothed in her right mind;" and so it proved, for when I called about noon day she was sitting on the edge of the bed eating some gruel.

Another case quite different in all its surroundings gave much more anxiety. A gentleman residing on Fifteenth street near Eighth Avenue, engaged in the electric light business was so unfortunate in February, 1832, as to take the measles. The case progressed fairly well for several days; although the bodily temperature was rather high, the patient slightly delirious and the rash not sufficiently out to please me, however, I felt no alarm about the case. The

man's wife was an impulsive, vivacious creature who, unfortunately for my peace of mind and the success of the treatment, became possessed with an insane idea that if her husband did not eat he would die, and not knowing anything better for sick people than beef tea she busied herself making it and pouring it down him. She said nothing of this to me, and in fact she spoke English so indifferently that I doubt if either of us was much the wiser for our attempts at conversation. She deluged that poor man with beef tea, coaxing it down his unwilling throat with all manner of pretexts till I verily believe he was full of tea from his rectum to the top of his œsophagus. The result was that one morning about three o'clock I was called to see him, the messenger urging the greatest haste, as the patient was thought to be dying.

I went. Then the whole story of the beef tea came out, but, unfortunately, much of the beef tea was bottled up inside of the patient who was comatose, and who certainly looked as if he was about at his journey's end. I gave Nux vomica at frequent intervals and in varying potencies, applied mustard drafts to the soles of his feet, nape of the neck and over the solar plexus, but after three hours work saw no change in the condition of the patient. Thoroughly alarmed I had sent for several physicians in counsel, but the messenger came back each time with word that they were out, or too used up by other calls to go out again.

At 7 A. M. the condition of the patient was practically the same as when I first arrived. The skin was cold and clammy, the face distorted, the pupils strongly contracted, respiration very labored, the pulse weak and irregular, and he gave vent at frequent intervals to quantities of offensive flatus. I now bethought me of Arsenicum which I gave in the 12,000th potency. No very remarkable change took place, but gradually the pulse became stronger, the respiration less labored, the face assumed a natural expression and was no longer bathed in cold sweat, and by night-fall he sank into a quiet slumber without regaining consciousness, in which state he remained until late in the afternoon

of the next day when he awoke and expressed himself as feeling quite comfortable, but astonished at having lost two days out of his calendar.

I never saw a case of lucid lethargy and never expect to, but I did see some dozen years ago a case of poisoning that was very like it. This happened in 1875 when I was fresh out of college and knew even less than I do now. The patient was a prosperous middle-aged man, and the worst sufferer from trigeminal neuralgia that I have ever seen. He had made his own way up in the world and was a rugged and courageous nature, but in the paroxysms of pain would literally roll on the floor in uncontrollable anguish. He had suffered for many years and had had many physicians, and was none the better for any of them. He had just given himself into the care of Dr. Meredith Clymer, a distinguished member of the "old school" and who made the prescription which is the occasion of these remarks. The powder was taken about 10 o'clock in the morning and sometime subsequently in attempting to go from his chair across the room he fell prone upon the floor. Dr. Clymer was sent for and came in no listless mood. Those who are familiar with the huge bulk of this genial gentlemen of the "old school" in its best sense, can imagine the effects of the haste upon him, as he sat puffing and panting in a chair as absolutely speechless as the poor patient before him.

Mr. X. lay bound hand and foot, under the influence of the medicine, as inert as a dead man; if he took cognizance of anything that took place and was going on he gave no sign; he apparently ceased to breathe, the pulse stopped and life seemed to have gone out. Various restoratives were applied, and at last when the man was able to speak he declared that he had been conscious all the time; had heard every word that was uttered, and had suffered no pain only a sense of the utter helplessness from which he had not even an inclination to arouse himself. He recovered completely and had his attacks of facial neuralgia all the same. The drug was Curare.

PROLAPSUS RECTI: WHAT IS THE REMEDY?

C. S. DURAND, M. D., Sedalia, Mo.

A CASE.—Freddy O——, four years old; well formed, chubby, with light hair and blue eyes. Mother died of consumption of the bowels soon after he was born. Had catarrhal symptoms from birth; nostrils always stuffed up. The least cold gives him cough and symptoms of croup. Coughs worse at night and early in the morning. Is easily thrown into fever and is then subject to spasms. So much for general description.

I was called to see him March 26, when he presented the following symptoms:

Prolapsus of rectum with every stool; also sometimes when sitting. Often bleeds a large quantity when prolapsed and occasionally at other times. Constipated; bowels move every other day. Dark crusts and much yellow, purulent matter in nose all the time. Sulphur 55m., two doses.

April 1. A little better. Sac. lac.

April 19. Still improving. Sac. lac.

April 26. Is in bed with measles, but seems better. Nux vom. 2m., one dose. [Why give Nux without giving the reader any symptoms for which it was given? Could it have been given for measles? Why change from Sulphur when patient was improving? Another dose of Sulphur either higher or lower would probably have been a better choice.—ED.]

May 20. Not so well. Bowels regular. Always tired. Can't stand much play. Mucous membrane exfoliates from prolapsed rectum; is of greenish color. This leaves the rectum very sore. Cough worse when lying on back. Legs ache; left worse. Calcarea 30, one dose.

May 21. No operation of bowels yesterday—better. Sac. lac.

May 23. Better. Calcarea 13m., one dose.

June 4. No prolapse till yesterday for a week. Does not take cold as formerly. Much better. Sac lac.

June 11. General improvement still continues, but has slight prolapse with each stool. No pain, no hæmorrhage. Calcarea 41m. in water, two doses.

June 25. Prolapse about the same. Has return of tiredness and pains in limbs. Blows nose frequently; purulent discharge. Hoarse cough. Calcarea 30, one dose.

July 9. Prolapse with every stool. Bleeds a good deal. Stools seems to be involuntary. He frequently soils himself. No pain. Psorinum cm., four powders.

July 13. Prolapsus still continues. Better in other respects. Sulphur cm., twice daily for a week.

The foregoing is copied from my record. I treated the patient nearly four months with little or no permanent benefit. The stepmother says he is "about the same."

Will some veteran Homœopathist tell me what to do? I know the case was badly managed; that is why I report it. I could report a case well managed and promptly cured, but neither the reader nor myself would learn anything from it.

[In the treatment of chronic diseases we are prone to overlook the fact that it requires time to eradicate a constitutional, and especially a psoric taint, and rebuild with healthy tissue. In this case the doctor gave Psorinum cm. on July 9, and, if well selected, its action should not have been interfered with for three or four weeks at least. But on July 13, four days after, he gives "Sulphur cm., twice daily for a week," when Hahnemann says one dose will often last for weeks. This is the mistake which perhaps is more frequently made than any other, and which spoils more cases than we dream of. The doctor says: "Better in other respects, but prolapsus still continues." Do not pay any attention to the prolapsus, *per se*, but prescribe for the patient, for the totality of symptoms presented, and that will eventually disappear with returning health. We are too anxious to cure the disease, and in our anxiety overlook the patient. We offer these suggestions, not as a "Veteran Homœopathist," but as an individual member of the profession, trying, in practice, to follow the teachings of Hahnemann.—ED.]

MATERIA MEDICA.

HYOSCYAMUS NIGER.*

E. A. FARRINGTON, M. D.

Botanically and, in a measure, therapeutically similar to Belladonna, is the Hyoscyamus niger. This interesting drug, though innocuous to some animals, is poisonous to fowls, and so has received the name of Henbane.

A description of its action at this juncture necessitates its differentiation from Belladonna and Stramonium. It produces many cerebral phenomena, which depend upon a *perverted sensorium, without much fever or congestion.* The mental excitement seems to be a result of *nervous agitation.* Thus, it causes a perfect picture of MANIA, but with it the face is not very red though the features are distorted or expressive of suspicious fear. He imagines he will be poisoned or betrayed. His talk is silly or obscene, and he persists in stripping himself or at least in uncovering the genitals. (Phos. is most similar in nudeness). Coeval with these symptoms are evidences of disturbed nervous and muscular actions. The patients from the beginning are weak. Muscular twitchies are universal. Thus motions are jactatory, twitching, angular. Difficulty in going to sleep from nervous excitability. Brain full of figures, images, etc. During sleep limbs twitch or are grotesquely distorted; the hands clutch at the bedding; child groans and whines, grinds its teeth and starts up affrighted—and yet, unlike Belladonna and Stramonium, there is no fever, no congestion.

To show how weak the patient is, or soon becomes, note the following: Heart beats slowly, with drowsiness; slurs his words, makes mistakes in directing his thoughts; ataxia, misses what he reaches for; becomes unconscious, recognizes no one, or answers properly, but at once relapses into stupor; suddenly sits up in bed, looks inquiringly around,

* Notes supplied by Dr. E. Fornias.

and then lies down; tongue red, dry, brown and cracked or paralyzed; sordes; sphincters relaxed, thus stools and urine pass involuntarily.

From these indications we may employ Hyoscyamus in mania, such as accompanies pregnancy, lying-in, etc.; nervous women; typhoid conditions; spasms, especially if puerperal, but here it is readily separated from Belladonna, Stramonium, etc., by the prominence of nervous agitation, reflex excitability, etc.; spasms from intestinal worms, rivalling Cina; epilepsy, preceded by hunger; during the fit face purple; snoring, sopor afterward.

In typhoid fever the remedy resembles Phos. acid, Rhus, Lycop., Lachesis.

But all of these except, perhaps, Phosphoric acid, act more profoundly, and hence follow Hyoscyamus well, the latter being insufficient. Phosphoric acid has the same stupor, with easy arousing, but lacks the muscular jactitations. Lycopodium resembles it in impending cerebral paralyses, but acts more profoundly. Lachesis is similar, but causes more evidences of decomposition. In early stages both may meet in loquacity. Hyoscyamus causes jumping from subject to subject, without any connection between them; Lachesis jumps from subject to subject, between which there is an apparent connection.

But further, Hyoscyamus produces a cough which is essentially nervous, but which is commonly met with. Dry, hacking cough compelling to sit up, and thereby relieved. May be caused by nervousness, long palate, etc.

Bryonia and Belladonna force patient to sit up, but he is not relieved thereby. Lachesis has a nervous cough, but it starts lower down and often comes from either tightly adhering phlegm or from a sudden sensation of a lump rising in throat. It is aggravated after sleep. Conium has a dry cough which returns while lying down.

DATURA STRAMONIUM.

The thorn apple, or Jamestown weed, grows unwelcomingly abundant on fields in all our large cities. Goats indulge in its leaves, but children are not uncommonly

poisoned by it, tempted by its large, imposing flowers. In such toxic cases give the patient large quantities of lemon juice or vinegar.

Stramonium stands between Hyoscyamus and Belladonna. It excites the sensorium and perverts its functions. The special senses are affected. Thus there are double visions, objects are seen double and oblique. Illusions in dark or blue. Least noise startles. Child awakens terrified, clings to him who is nearest. Sees ghosts; talks with spirits; hears voices; sees imaginary animals and other figures jumping up; insane mania for light and for company. All motions and actions, mental and bodily, are graceful; makes verses, sings, laughs, prays. Loquacity. Patient raises the head frequently from the pillow.

Now, with all these symptoms, there is very little fever, very little actual thermometrical increase. The face may be red, the eyes staring, and congestive fulness of the head; but no such fever as in Belladonna. The forehead is often drawing into wrinkles, however, and the pupils may be dilated, mouth spasmodically closed, stammering speech or speechlessness. Tongue trembles. We may confidently employ this drug in the complaints of children, especially in cerebral excitement, convulsion, and from suppressed or undeveloped exanthemata.[1] Also in delirium tremens, in typhoid, etc. The urine in all these cases is retained or suppressed. Sometimes the urine is passed spasmodically in spurts, a sort of "stammering of the bladder."

Further typhoid symptoms are: Speech high pitched and performed with effort, from laryngeal spasms; rumbling and gurgling in the abdomen; sleep sound, with loud snoring, patient lying on the back with open, fixed eyes;[1] or disturbed with frightened starting, etc. Body hot, especially the face, patient wants to cover up; or profuse sweat without relief (often with children).

We may also use Stramonium in mania. The hallucinations have all the vividness of reality, and are associated with convulsions, especially of the upper extremities, while the legs may be paralyzed; face red; anomalous sensations as

[1] See Notes and Comparisons at the close of this remedy.

if double, big, etc.[3] Chorea yields to Stramonium—at least the violent convulsive jerks of head and arms are modified.[4]

Another nervous affection yielding to Stramonium, or at least modified by it, is nervous asthma: can scarcely draw in the breath from the spasm, face livid; aggravated after talking.

In scarlatina Stramonium ranks second only to Belladonna, the fever and throat symptoms are less than in Belladonna. But there may be suppressed urine; violent convulsions; hands *tremblingly reaching in the air for imaginary objects* (note here the adynamia); rash, copper red and patchy; skin, hot and dry; awakens from sleep affrighted, etc.; erysipelas.[5]

Though, as Hahnemann has shown, Stramonium primarily causes no pain, secondarily it does. Neuralgia, abscesses, felons, hip-joint disease (left side) may demand the drug when the pains are maddening. Pains are ameliorated by wrapping up warmly.

NOTES AND COMPARISONS.

1. Compare: Cuprum, also awakening with fear; but the face is bluish and the convulsions more violent with flexings of muscles. Zinc awakes in same way, but there is no cerebral congestion; face is cool rather than hot and red. Stramonium often comes in in incipiency of measles or scarlatina, rash will not come out, and brain suffers, with convulsions, throwing the arms about; child sees rats, bugs, etc.

2. See also: Hyoscyamus, snoring, rattling breathing. Opium, snoring stertor but very profound stupor; face not bright red, but brownish red.

3. Belladonna has much more fever. Hyoscyamus has more agitation, less congestion, and the hallucinations are less real, bewildering, vague.

4. Chorea may need further: Natrum mur., Sepia, or Sulphur to complete. See also Mygale.

5. In erysipelas, with metastasis to the brain, Hughes suggests Stramonium rather than Belladonna if there is much adynamia.

CHELIDONIUM MAJUS.

This is a peculiar and unique remedy, possessing points of similarity with its congeners, Sanguinaria and Opium, and also very similar to Nux vomica, Mercurius, Phos-

phorus, Kali carb., etc. The plant yields an acrid, yellow, bitter juice. Applied locally this produces inflammation and even vesication. It attacks principally the liver, lungs and kidneys, causing congestion and inflammation.

Let us examine a few symptoms.

The patient is low-spirited, inclined to weep, but knows no reason therefor. He is restless, must move from place to place, with mental anguish. Headache, with coldness up neck into occiput, head so heavy he can scarcely raise it from the pillow, pressure in occiput towards left ear. Fistula lachrymalis, temples tender on pressure, tears flow over the cheek, whizzing in the ear as from little jets of air escaping, ears obstructed during cough. Supra orbital neuralgia, right side, eyes water.[1] Dyspepsia; face sallow, blue around the eyes, tongue narrow, pointed or thickly furred; longing for milk, coffee and wine which agree; bitter taste, pains like gastralgia worse from eating. Pains in right shoulder and right scapula. Liver congested, sharp, stitching, throbbing pains; jaundice; stool clayey, or bright yellow, thin diarrhœa; violent palpitation on moving bed-clothes. Gall stones.

Capillary bronchitis, especially after whooping-cough or measles. Rattling cough, bright yellow diarrhœa. Pneumonia, dark red face, great oppression, fan-like motion of alæ nasi, one hot and one cold foot. Stitching pain under right scapula.[2]

(No. 1). NOTES AND COMPARISONS.

Chelidonium.	Nux vom.	Berberis.	Bryonia.
Weeps.	Angry.	Weeps, low-spirited.	Irritable.
Supra-orbital neuralgia on right side.	Supra-orbital neuralgia left side.		
Lachrymation.	Eyes injected.		
Face yellow, blue around eyes; grey.	Yellow and red.	Pale, sunken.	Yellow, palen'ss.

[1] See Notes and Comparisons at end of remedy.

No. 2.—Similar to Mercurius, Tartar emetic and Lycopodium in pneumonia.

Mercurius has right lung affected, bilious symptoms, diarrhœa, etc., but has pain through right lung to back, green slimy stools, tenesmus, bloated, sensitive hypochondria, profuse bloody sputum.

Tartar emetic has yellow skin, urine, vomit, etc. (in bilious pneumonia). Stinging under right false ribs, sputum frothy, yellow, tenacious, rattling on chest with suffocation, fan-like motion of alæ nasi, with great oppression, strong heart beat.

Lycopodium has more rumbling in left hypochondria, sputum muco-purulent; sounds as if whole lung was soft; light-red sputum.

Sanguinaria: wheezing, whistling, circumscribed redness of cheeks.

Nux vomica: sometimes in drunkards.

Kali carb.: exudate copious; much rattling; pus in sputa; cyanosis.

ALUMINA.

A LECTURE BY PROF. E. A. FARRINGTON, M. D.

Alumina is a form of pure clay and is known as Argilla.

According to Hering, the symptoms which Hartlaub obtained are not pure because he simply washed his preparation of clay, while Hahnemann subjected his to white heat.

Alumina acts best in aged persons of spare habit, or in girls at puberty who are chlorotic; also in scrofulous children who are fed on artificial food and suffer from inactive bowels; œzena with scabs and much dryness of the mucous membrane of nose, strabismus, etc., the patient is low spirited, weeping; worse on awaking, (compare Lach., Puls., Sep.) or is tormented with apprehensiveness, as of becoming crazy; (compare Calcarea ost. Iod.) as of some impending evil. Again she may be tormented with suicidal thoughts excited by the sight of blood, of a knife, etc. Men are hypochondriacal with *ennui*; an hour seems a half a day; peevishness; vertigo, things turn in a circle, he feels faint, headache and pain in nape; worse in bed until he gets up; pains in head worse from motion; (compare Bry.) head feels heavy, with pale, languid face; vertex painful to touch.

Appetite for starch, chalk, clean white rags, charcoal and other indigestibles, with faintness, and better after eating these things.

Menses scanty, pale. After menses feels exhausted; leucorrhœa profuse, running to heels, better from cold washing.

Skin rough, chapped, itching. Nails brittle, or thick; spots on nails. Deep rhagades, worse in winter and from washing.

Much talking, especially in lively company, makes her hoarse.

In chlorosis compare Bry., Puls., Ferrum and Graph.

Alumina is similar with Graphites in profuse leucorrhœa; dry mucous membranes; scanty menses; rhagades; dry, rough skin, etc. In chlorosis the abnormal cravings are enough to discriminate, and, besides, Alumina is generally better from cold air if not too cold. Graphites is not. Alumina patient has more of a hysteric alternation of smiles and tears, is of spare habit. Graphites patient is corpulent. Calcarea, Hyoscyamus and Ignatia also have the abnormal cravings.

Nerves: Lips feel as if large; face seems to him larger; eyes smaller; feeling of cobwebs on face; jaws firmly set, tension in skin; formication; parts go to sleep; numbness; lower jaw seems shortened; upper teeth project considerably over the lower ones; faint, tired, must sit down; cramp in chest; talking fatigues; chest feels tight with apprehension; short-breathed; feels as if spine and legs were in a band; spine feels as if a hot iron were thrust into it; palpitation, large and small beats intermixed; cannot walk with the eyes closed or in a dark room. Limbs feel as if squeezed, tense, paralytic, weak, go to sleep, numb, pithy, formication, heavy, hard; skin grows tender; nails brittle; gastrocnemii feel too short; nates go to sleep; weak and tired from talking. Locomotor ataxia.

Mucous membranes, as already mentioned, are very dry with scanty secretion; thus the eyes are dry with dim vision; must rub them for relief; eyes inflammed and itch at the inner canthi; agglutinate, with burning, dryness and

smarting; eyelids thickened; dry, burning; dry mucus in the morning on awaking; granular lids; loss of power in upper lids. Useful in asthenopia from conjunctival irritation, also in granular lids, chronic blepharitis, etc. For dry eyes Allen also recommends Berberis, Nat. carb., and Sulph. Dry on reading, Crocus, Arg. nit. Drooping lids. (Nux mosch., Sepia and Rhus.) Graphites resembles Alumina in blepharitis, but only Graphites has moisture and cracks. (For loss of power in internal rectus compare Conium, Ruta, Nat. mur,—the latter, according to Woodyat, is best.)

Again, the nose is dry, scurfy, with discharge of hard, yellow, green mucus; nose red and swollen, sensitive, septum red, swollen, worse evenings. Not equal to Hyoscyamus, especially when worse while lying.

The mouth, throat and pharynx, too, look dry, glazed and red. Mouth dry, though saliva is increased.

Throat dry and parched, raw, very dry on waking with husky, weak voice; pressure of a plug in throat; feeling as of a splinter on swallowing. Feels the food all the way down the œsophagus; rawness in larynx; sense of tightly adhering phlegm with dryness; cough dry from tickling in the larynx or from elongated uvula; long-lasting, morning cough ending in a difficult raising of a little white mucus or with vomiting. (Compare Bry. and Sepia.)

Soreness in chest worse lifting and talking.

Dyspepsia worse after eating potatoes (often confirmed). Abdomen hangs heavily (similar to Ferrum).

Costive from inactive rectum, even a soft stool requires much urging. Stools hard, knotty, mucus coated with cutting pain and followed by blood.

Graphites best for the mucus coated condition of stool. The cutting and blood after is like Nat. mur. Alum P. S. is an excellent drug, better than Alumina, for clots from anus during typhoid.

In Alumina we have rectum constricted and dried up, excoriating feeling; can't pass urine without straining to stool.

Gonorrhœa: meatus pouts, swelling of urethra with light

yellow pus. Inguinal glands swollen: Bubo; frequent micturition with the passage of a few drops.

Uterus prolapsed, swollen, indurated; ovaries swollen and painful, raised itching spots on the vulva and vagina.

STANNUM.

The Stannum patient is sad and tearful; feels like crying continually, but crying makes her worse; she is so nervous and weak that she becomes anxious with palpitation, even from giving directions in her domestic affairs. Her face is pale, with sunken eyes; features elongated, any exertion causes hectic flushing; digestion is disturbed, with bitter eructations, with nausea and vomiting of bile or vomiting when smelling the cooking; she is hypochondriacal and suffers from cardialgia which is better when walking, yet she is so weak she must desist. Tongue yellow. She complains of goneness in stomach and chest, her voice is weak and talking makes her larynx ache and she becomes hoarse therefrom; she suffers from bearing down in uterus (very similar to Puls., Sep., Nat. mur., Merc, in prolapsus of vagina). The bearing down is, according to Hughes, relieved by tin. It is useful in prolapsus uteri, also prolapsus of the vagina worse during a hard stool, (Podophyllum and Collinsonia have the first deviation of the uterus with diarrhœa and paolapsus ani; and Opium the second deviations with hard stools, constipation.)

Menses profuse. Leucorrhœa with great loss of strength; it is yellow or clear mucus.

The patient suffers from neuralgia, the pains increase and decrease slowly, (similar to Platina and Strontia.)

Prostration: While dressing in the morning she is suddenly so weak she can scarcely breathe; wishes to lie down and in so doing drops into the chair trembling.

Anus loses power from fright; limbs feel as if heavily laden. (This functional paralysis is similar to Nat. mur., Cocc., Ign. and Phos.)

Nerves: Epilepsy when caused by intestinal worms during teething.

Children require Stannum when they are pale, weak, suffer from convulsions.

Colic which is relieved by pressure on the abdomen, as when the child lies pressed against the mother's shoulder.

Sweetish risings; everything bitter except water.

Mucous membranes: the secretion is profuse, bland, yellow or green, muco-purulent, thick, viscid, mixed with blood, collects in the throat and is detatched with great difficulty, even exciting vomiting. The voice is weak, hoarse, husky; mucus collects in the chest from which it is readily expectorated. Sometimes, as mentioned above, these sputa are yellow or green, and purulent, at others they are sour or sweetish, offensive tasting and rarely dark bloody.

The cough is very annoying and is worse at night, worse talking, walking rapidly, etc.

Accompanying these symptoms are weak feelings in the chest. Voice is higher after each expectoration; evening dyspnœa, better when he raises the mucus; deep inspiration relieves; dry heat on the least exertion.

Chills at 10 A. M., profuse sweat after 4 A. M.; emaciation; feet and hands swell in the evening, or feel heavy and cold; stomach bloated after eating.

Knife-like stitches in left chest below axilla; stitches up to the left clavicle and in left side down to abdomen; worse bending, pressing, or inspiring; symptoms of intercostal neuralgia not uncommon in phthisis.

Stannum is often invaluable in phthisis mucosa and neglected catarrhs; it is often the remedy in tuberculosis proper; the 10 A. M. chill is an excellent indication in hectic, in suppurative fever, etc. It should be compared with Silica which has cough worse from rapid walking, hectic, etc., but there is more pus, vomicæ in the chest, etc.

Phosphorus must often be compared carefully with Stannum, as they are misused for each other frequently. Both have hoarseness, evening aggravations, weak chest, cough and copious sputum, hectic., etc. Phosphorus has nosebleed or blood streaks, tightness across the chest, etc. (Sulphur is similar in mucus on the chest, especially in old people) Like Stannum, both Senega and Coccus cacti have mucus like white of egg, but resembling Stannum in no other respect.

Among remedies with much phlegm in the chest are Ant. crud., Ant. tart., Cham., Bell., Calc. carb., Calc. phos., Ipec.

In children: Lycop., Sulph., Phos., Balsam peru.

Purulent sputum: Hepar, Scilla, Yerba santa from emaciation, asthma from mucus.

Copaiva: profuse, greenish, grey, disgustingly smelling sputa.

Illicium anisatum: pus with pain at third cartilage, *right* or left.

Pix Liquida: purulent sputa with pain at third cartilage, left.

Myositis: copious sputa, emaciation, night sweats.

In the 10 A. M. chill Stannum has no equal in lung affections. Natrum mur. generally fails here.

In relief from deep inspiration, see also Verbascum; where inspiration relieves the cough, Puls., Lach., etc.

Pulsatilla generally aggravates in a loose cough by tightening it.

ALUMEN (ALUM).

J. E. WINANS, M. D., New Brunswick, N. J.

This remedy, of course, is not to be confounded with Alumina. Though one of the oldest of remedies, it has been allowed to fall too much into disuse by many modern practitioners of our school, and its clinical indications are too little understood by the best informed among us. We can hope in this brief sketch, to give but a few general notes and suggestions merely, leaving the rest to be filled out by each one at his or her leisure.

It seems (like Alumina) to be a sort of complimentary remedy to Bryonia, and follows the latter well in low bilious fevers, beginning with diarrhœa, and having an evident typhoid tendency. It is especially suited to aged persons of dark complexion, and generally inclined to be "fleshy," with the appearance of dark red spots, or suggillations, on the forearm and back of left hand, and about wrist—of same side—coming somewhat suddenly but per-

sisting for a long time (weeks after). The thrist is great (for large quantities, like Bryonia), and the appetite variable and capricious. There is aversion to meat, and, like Bryonia, a desire for vegetables and garden truck generally, in fact, just the kind of diet proscribed for patients in such circumstances. The pulse is inconstant as well as irregular. Sometimes the contractions are frequent, at others, comparatively seldom; from 72, while lying down in bed, it was noticed in one case, to run up to 102, after sitting up in bed a short time—which circumstance quite puzzled me until I had referred to the symptomatology of Alumen. The irregularity of the pulse was noted in this case to be intermittent at every tenth or fourteenth beat. In this case it was followed well by Nitro-mur. acid, with indications of same to be given later on.

Hering's "Guiding Symptoms" gives its clinical application in scirrhus of various parts, especially of nose, mouth, tongue, rectum and uterus. It would seem particularly applicable to old people, with rough skin of face and body, and sallow complexion, with blue lips. It seems, from the same source, to have been usefully employed in hæmorrhages from various parts, as nose, stomach, rectum and vagina. In the two latter forms, the blood was discharged in the form of dark coagula, or else, as a fetid, bloody ichor—such as is found in a low form of abdominal typhus. We meet a like condition occasionally in the later stages of dropsy from heart disease, and in phthisis.

It seems also a valuable remedy in chronic, weakening, colliquative diarrhœas, and putrid dysenteries, with fetid, bloody ichor, and ulcerations in rectum, present or suspected, with more or less pains in rectum during, and becoming almost intolerable after stool. (In the exhausting diarrhœas of typhus and phthisis, it should be carefully compared with Acetic Acid.

Other forms of hæmorrhage given are those following leech-bites, the extraction of teeth, flooding after childbirth. From what has already been seen, when taken with other symptoms, it would seem to be clinically indi-

cated in severe hæmorrhages from whatever source—for the subsequent effects, at least, if no more—herein comparing favorably with Cinchona, Carbo veg., Hamamelis, Ipecac., Phosphorus and Secale.

We have death-like faintness, with pallor of the face, as of a corpse, blue lips, etc., the sight growing dim, feeling as though she would fall from the seat if not supported. These symptoms were connected, in two provers, with a sudden severe pain in stomach, necessitating them to double up, with the knees drawn up to the breast. One complained of great vertigo and nausea still remaining after Chamomilla had relieved the cramps; likewise of feeling very cold, great weakness, as after long illness, and headache during the afternoon—the attack coming on at noon.

The other was taken toward 4 P. M., while sitting in church, the faintness being accompanied with extreme sickness and immediate loss of strength(!) She felt as if the blood driven at first to the head by the sudden severity of the pain were leaving both it and the extremities altogether; they were quite cold. A cold sweat covered her, with deathly faintness and feeling as though she should fall from her seat, the pain in stomach seeming that it would draw her double. After a half hour's faintness, with coldness, heat succeeded, the blood rushing again to the head with such force that she could hardly hold it up or keep the eyes open. In this case, also, there was great, subsequent weakness—a feeling as after a month's illness. Another prover, from 12th potency, had the same death-like faintness, with loss of the perceptive faculties.

These things, when taken together, are certainly highly suggestive. In large doses, too, it is stated as having induced severe inflammation and inflammatory conditions in the stomach and bowels. The lady prover (of the 12th potency, above mentioned), also was attacked in about an hour after rising in the morning with sudden severe pain and nausea, resembling the deathly sickness from pregnancy, but without vomiting, and attended with faintness and congestive flushes to the head.

From these provings, we would adjudge it as not unlikely to be indicated in cases of morning nausea and of inflammation of the bowels, where Bryonia, its complementary remedy, had been but partially successful.

From a few of the foregoing and other symptoms, especially the lividity of the lips with unconsciousness, the sense of hearing remaining acute even in sleep, Alumen would seem to be suggested as just the antidote for Nitrous oxide, or "laughing gas." Hering, in the work above quoted, reccommends it in cases of poisoning by lead and calomel, lead colic, potter's colic, stomatitis, especially mercurial, with spreading ulcers and profuse ptyalism. These symptoms quite resemble Nitric acid, to which it may possibly prove an antidote.

"Vomiting of large quantities of glairy mucus, or of tough, colorless, sour slime," with "habitual vomiting of blood in hard drinkers," would lead us to compare it with Carbolic acid in the vomiting of drunkards; while the "atonic hæmatemesis" of debility, with "vomiting of everything eaten," would lead us to compare it especially with Acetic acid, Carbolic acid, and Zinc mur. in cancer of the stomach. One prover, of the 9th potency, had a pressing as from a heavy weight on the vertex, with nausea, at intervals, and accompanied at one time with chilliness down the back, at another by great heat throughout body—in fact, exactly as he did when attacked by smallpox(!) Additional remarks unnecessary in this connection.

Under the Urinary organs, we find frequent urging, with scanty, clear flow, containing lumps of blood; also dysuria senilis, with vesical catarrh; frequent and painful urging, with painful passing of small quantities, now and then mixed with blood, at others clear; urine, after standing, thick, as if mixed with clay, with dirty fibrous sediment. Also enuresis, incontinuence of urine, and diabetes mellitus; must urinate every hour or two, night and day. (In diabetes, it most resembles Carbolic acid, Causticum and Tarantula; in dysuria and enuresis, Causticum).

In dyspnœa, during stool in aged persons, Cocculus

would seem to be a complementary remedy—Alumen, following it well.

It has been recommended in ulcers and indurations of the uterus, even scirrhus, from the use of metallic pessaries. (Hypericum has hard swelling and sensitiveness of the female urethra, the result of pressure arising from this source; while Nux mosch. has been recommended for the pains and vomiting caused by pessaries).

We find also, under Alumen, entire loss of voice in bronchitis and phthisis, with chronic morning cough and scanty, ropy sputa; cough immediately after rising; coughs for a long time every morning; worse during and better after breakfast; especially in grey-bearded patriarchs. Also pertussis, with same symptoms.

It is likewise clinically recommended in epidemic membranous croup, herein comparing with Acetic acid and Kali bichrom. Under the heart, we find dilatation, with attacks of palpitation, rapid, violent, especially from mental excitement—as when thinking of her disease, or, especially, from hearing unpleasant news. (Here compare especially Gelsemium, Plumbum—when hurried—and Tarantula).

Clinically verified, also we have nervous tremors, trembling and twitching of arms, more after rising. Right wrist feels sprained. Hands weak; dropping things, (from nervousness, Apis). These symptoms would seem to suggest the employment of Alumen in mercurial and lead paralyses.

The patient is either sleepless, from fever or colic, or sleeps lightly—hearing slight noises. Compare Opium and Lycopodium—in children. At other times, is liable to be disturbed by nightmare at 4 A. M. Other indications are its use in nasal polypus; fungous granulations; vaginal swellings, with puritus; proud flesh; frozen feet; chilblains; ingrowing toe-nails; scorbutic and indolent ulcers; especially in ulcerations, after a burn, as the actual cautery, to be compared with Asafœtida, Carbolic acid, and Zinc mur; also, locally in burns and scalds generally, and when from boiling oil. (Compare Arsenicum, Cantharis, Carbo veg. Causticum, Carbolic acid, Urtica).

CHINA OFFICINALIS.

J. A. WAKEMAN, M. D., Centralia, Ill.

Hahnemann tells us that this medicine acts for three or four weeks.

It produces languor of the whole body and limbs; patient wants to be sitting or lying all the time, with aversion to exercise. Mind and body both languid, much disposed to sleep, and sweats profuse, when asleep. Sensitiveness to currents of air.

There is excessive irritability and sensitiveness of the whole nervous system; the objects related to him affect him too powerfully.

The pains are excited, or aggravated by contact; also at night, and after meals. Pains usually worse on the right side.

The face is pale, of a dirty yellowish color; the whites of the eyes are yellow; the appetite usually poor, but may be voracious; costiveness, or diarrhœa of undigested food; headache; nausea; back and limbs ache; urine is scanty and high colored; a picture of a case just before the onset of bilious fever. Right-sided prosopalgia, affecting the maxillary and infra-orbital nerves, worse by contact, and the patient cannot lie down, which aggravates the pain, as in Pulsatilla. Standing or walking mitigates the suffering. If easy, the slightest touch produces great suffering and, in miasmatic districts, may assume the paroxysmal character with daily paroxysms, and nightly intermissions; a *masked ague* which may be controlled by this remedy, but usually quinine is at once resorted to.

Autumnal dysentery, in malarial regions often assumes the intermittent character, and readily yields to the preparations of bark. These cases are many times of the putrid variety; and, like intermittent fever, will run a long course unless arrested.

Cough with pain in the right chest, and the paroxysm of coughing frequently comes at 3 A. M., aggravated by talking, laughing, eating, drinking, and by deep inspiration.

This is the best remedy for removing the evil effects of

debilitating losses; hæmorrhages, excessive lactation, venereal excesses, onanism, and long continued and exhausting diarrhœa; this latter in young children often brings on a comatose condition when the child will lie and sleep, and purge, and will soon die, unless relieved. Here it will do great good, and save your patient, usually; but may have to give Arsenicum afterward.

Think of this remedy in bad cases of scrofulous ophthalmia in badly cared for children, who are dirty, illy nourished, and have lienteric diarrhœa, bloated abdomen, scanty, high-colored urine, sallow complexion, sunken temples, and thick lips; but don't think that you must give mother tincture, to get good results.

Coryza: with much sneezing, and an eruption about the nose of pimples that are very sore to the touch.

Cardialgia: the gastric pains are worse after eating; feels best when the stomach is empty. Gastralgia, especially if it has come on after, or during some excessive drain upon the system, will be benefited by it.

Uterine hæmorrhage, when the blood escapes in jets, or gushes; may be fetid clots; flagging pulse; paleness of the face; ringing in the ears, and faintness when the head is raised from the pillow. Bloody leucorrhœa, putrid, and may be attended by discharge of clots. Usually uterine or ovarian disease, or both, present in such cases.

Cough, with expectoration of white mucus in which black granules are suspended; also suffocative catarrh; and paralysis of the lungs in old people.

Sleeps, and sweats profusely all the time he is sleeping; often seen in the advanced stages of pneumonia in the aged; and here you should think of Mercurius, which will save some of these cases when all other measures fail.

"Three months colic." Dr. Hering gives these symptoms:

"Colic better, bending double.

"Worse at night and after eating.

"Colic at a certain hour each afternoon.

"Abdomen distended, wants to belch.

"Abdomen as if packed full, not relieved by eructations.

"Tympanitic abdomen; pressure as of a hard body, or spasmodic, constrictive pains from incarcerated flatulence, etc., etc."

All the above symptoms were present and had been for over three months in a man of fifty years, who was heavy, short, and stout-built, dark complexion, black hair, and of great physical force and mental activity. The paroxysms of pain, which were of alarming severity and of many hours duration, came at 11 A. M. daily, and, unless relieved by a hypodermic injection of morphine, continued into the night. Vomiting seldom present; bowels costive; urine scanty and high colored; whites of the eyes yellow; countenance sallow and haggard.

The case came under my care after having been treated in Chicago, St. Louis, and Alton, and having been diagnosed as a case of gastralgia. When the patient came to my house he said he should never leave there until I cured him, or he died.

For ten days I thought he would surely die. I became satisfied that the colic was produced and kept up by biliary calculi, and so stated to my patient, who hooted at me, and observed that he had consulted the best physicians in all the above named places, and not one of them had ever alluded to that as the cause. Placing him in the most favorable position, shoulders and hips elevated, in the absence of pain, I succeeded in detecting the gall-bladder, which was much distended, hard and nodular, the inequalities corresponding to a sack filled with hazel-nuts, and informed him of my diagnosis. China and all other remedies calculated to relieve such cases had presumably been used for four months, and death was staring him in the face, and apparently close at hand. The only hope was to evacuate those concretions. I decided to try olive oil, knowing by actual experiment and observation that the oil would soften the calculi, so they will mash like a boiled pea.

The first dose of the oil was six ounces, and this was repeated daily until forty-two ounces had been taken, all this time with no evacuation from the bowels; he then began to feel a commotion in the abdomen, and passed a copious and painful stool, and remarking it was nothing but *ten-penny nails.*

Judge of my great joy, when on examining the stool I found one hundred of the concretions varying in size from that of white mustard seed to that of hazle-nuts.

Pains all stopped; skin bleached out; yellow of the whites of eyes disappeared; tongue cleared off; urine normal; bowels regular; appetite good; in short, patient well, and "went on his way rejoicing."

The great importance of this case makes me feel justified in giving it, even in minute detail. I know of no other course that could have been adopted, that held out the slightest chance for the relief of this poor man. [This was a fine cure; but we fail to see what China had to do with it. How does this help me to cure the next case I meet with.—ED.]

OPHTHALMOLOGY.

MYOPIA IN CHILDREN.

R. D. TIPPLE, M. D., Toledo, Ohio.

Myopia in children is either congenital or acquired. Congenital, when the child is born with axial elongation of the globe, or with an abnormally high refractive power of the crystaline lens. The proportion of these congenital conditions is small compared with those that are acquired. Very little can be done for the relief of congenital myopia more than to adjust the indicated glasses, which is not always the case with the acquired form. Myopia is acquired, when, by improper use and abuse of the eyes, structural changes result favoring an elongation of the optic axis, under which circumstances the condition is progressive and in extreme conditions may result in total or absolute blindness from displacement or detachment of the retina. Hyperlenticular refraction producing circles of diffusion upon the retina has practically the same effect upon vision; viz., bringing the limit within the measure; which condition often depends upon an affection or derangement of the ciliary muscles resulting in spasmodic action. The above condition when recent is usually amenable to treat-

ment and is not as grave as where we have an elongation of the optic axis resulting from sclerectous posterior or scleral staphyloma of the posterior pole. Proper medical and hygienic treatment has restored very many of these recent acquired cases when of a low degree, without the aid of spectacles. But unfortunately for the patient, very few cases of this class come under the observation of an oculist early enough for him to effect a radical cure. Many children acquire near-sightedness in our public schools from the very pernicious habit of sitting with their faces towards the light, naturally casting a shadow upon the book or paper which inclines the child to bend forward and approximate the object to the eyes, thereby converging the visual lines and bringing undue muscular pressure upon the globe tending to favor an elongation; this in connection with the hyperæmia, blood stasis, temporary arrest of nutrition, and increased ocular tension, forms the *tout ensemble* of the anomalous myopic eye. The alarming prevalence of near-sightedness in the rising generation should awaken parents, guardians and teachers, to the necessity of enforcing rules and regulations that will tend to remove the cause, and obviate entirely the influences, surrounding and besetting the pupils in our public and private schools which tend to weaken their eyes and predispose them to refractive anomalies and consequently defective eye-sight.

NOTES ON DISEASES OF THE EYE.

H. H. CRIPPEN, M. D., Detroit, Mich.

P. SODERBAUM: "On the Prophylaxis of Ophthalmoblennorrhœa neonatorum."—*Centralblat für Kinderheilkunde*, No. 14, 1887.

In this paper the author objects in certain cases to the proposed preventive treatment of the Ophthalmoblennorrhœa of infants with a two per cent. solution of nitrate of silver after Credé's method:

1. Because, in the hands of the midwife, it will not always succeed in annulling the power of the infection in eyes already infected; for in the employment of this method

CORRESPONDENCE.

OUR FOREIGN LETTER.

The meeting of the British Homœopathic Congress which took place on September 22, was attended by seventy English practitioners, a number which compares favorably with those of former sessions. The meeting took place in the rooms of the sumptuous hospital which has been presented (at a cost of 80,000 dollars) to the citizens of Liverpool by Mr. Henry Tate. Dr. Arthur Clifton, of Northampton, delivered the presidential address, entitled "Therapeutic Changes during the Victorian Era: Their Meaning and Lesson for Homœopaths." Dr. Clifton, after alluding to the fact that ten years ago the Congress had met once before in Liverpool to celebrate the jubilee of the introduction of Homœopathy into England, and that on this occasion another jubilee was commemorated, viz., that of the accession of Queen Victoria, proceeded as follows:

"At the commencement of the Victorian era, Homœopathy was little known in England, but it was, nevertheless, denounced by a then famous physician as a "hydraheaded monster which 'like a tall bully lifted its head and lied.'" The methods of therapeutics were mainly antipathic, allopathic and empirical; the nature of the measures employed in overcoming disease were the administration of drugs in a very gross form together with moxas, issues, setons, leeches, venesection, scarification and cupping glasses. The action of drugs was only known from their effect in disease, and they were classified as aperiants, alteratives, diaphoretics, emetics, sedatives, tonics, etc.

Faith in those days was strong, definite and unwavering. Polypharmacy and extravagant dosage were universal. In the interval between 1837 and 1887, "the old order certainly has changed."

We now have not only antipathic, allopathic and empirical, but in addition analeptic, antiparasitic, and above all, germicide methods, though of all these no *one* has been singled out and regarded as generally the "rational"

school, as the majority designate themselves. No fixed or Polar Star is recognized, but "eclecticism" prevails. Theories respecting the essential nature of disease have also undergone change largely in the direction of the teaching of Hahnemann, Teissier and Drysdale. Some advance has been made in the study of pharmacology, but as yet the dominant school rely too much on experiments on the lower animals and too little on those on healthy human beings.

Electricity, galvanism, massage and various baths are used to an extent unknown in 1837. The pharmacopœia of to-day is greatly changed; many old drugs are omitted and many new drugs rivalling in elegance and definition of composition our own homœopathic preparations have been introduced. Polypharmacy, large doses and cruel auxiliaries, such as moxas, issues, setons and venesection are now moribund. Also, more attention is paid to subjective and less to objective symptoms, and there is now a tendency to treat the individual rather than the name of a disease.

Moreover what a change from the confident Sangrados of the past to the dictum of Sir William Gull: "People do not get well by drugs—the duty of the physician is not to give drugs but to see that nature's powers are not interfered with."

1887 sees, not only the "eclipse of faith," but the anarchical midnight of agnosticism.

The old school have appropriated many drugs we use, giving them, too, homœopathically; the principle of *similia* has, however, gained acceptance under cover of the opposite action of large and small doses, and is now admitted as a rule of partial application.

Whoever will carefully examine the teachings of Hahnemann and compare them with those of to-day, will see that the changes are in the direction of the lines laid down by him. The ignorance shown by Dr. Lauder Brunton (in spite of the large number of remedies which he has culled from Dr. Potter's Comparative Therapeutics) of the fundamental principles of Homœopathy shows how much more teaching of its principles is required.

Homœopathy does not claim to be the sole and universal method in therapeutics. Hahnemann himself pointed out the need of antipathic and other methods in some cases. It does not ignore physiology, pathology, hygiene and preventative medicine or the value of physical signs and objective symptoms in diagnosis.

Nor does it consist *simply* in giving one medicine at a time, and that in infinitesimal doses.

Nor does it dispute the need of parasiticides, germicides, etc., or antidotes to poison, etc., or even palliatives in certain cases.

[We must beg to differ with the learned author. Homœopathy has no need for parasiticides, germicides, etc., and the *best* of all palliatives is the indicated homœopathic simillimum.—ED.]

It is summed up as follows:

1. Proving of drugs on healthy human organisms.
2. Administration of drugs on principle of similia.
3. Single remedy.
4. Minimum dose.

Why have the changes in general therapeutics not been even greater? Because, probably, of the innate tendency of close corporations like the medical profession to look upon all deviations as pernicious heresies.

We have handicapped ourselves by connecting the rule of similia with theories as to the nature of disease, with subtleties respecting the dynamization of drugs and the infinitesimal dose.

We should disclaim the false accretions that have gathered around it and husband and augment our resources and the accumulation of knowledge.

With the aid of the public we may hope to win our battles for "liberty, equality and fraternity;" as in the late contest for a position on the staff of the Margaret St. Hospital in London, where two homœopathic physicians firmly held their ground and the orthodox practitioners were the ones who had to resign.

The "Homœopathic League" spreads a knowledge of

its principles among the people and may now be left to the laity themselves.

We are now setting our house in order by courteously and amiably settling the relative importance of the small dose and of dynamization.

The collaboration of our American brethren in several aspects of work adds to the breadth and harmony of our position. A larger amount of toleration of those who surreptitiously appropriate our homœopathic therapeutics, such as Ringer, Philips, Brunton, Bartholow, etc., is recommended. Such pilferings are essentially wrong and likely to excite our indignation at the want of honor in our opponents; yet we should view them with leniency, for they are acts either of *ignorance* or *timidity.*

We may leave it to rival practitioners of that school to expose these thefts, and wait with Cordelia till "time shall unfold what plaited cunning hides."

It is our duty to remember that we are not only Homœopaths but physicians, and we must keep abreast of the times on all matters bearing on the science and art of medicine."

Dr. Arthur Clifton's presidential address was very well received, both on account of its intrinsic merits and the respect which was felt for this veteran, who is one of the four who alone survive out of those who were present at the Congress held at Cheltenham thirty-seven years ago.

It was then announced to the meeting that the Hahnemann Publishing Society continued to complete the publication of the "Cyclopedia of Pathogenesy," half of which had already appeared under the able joint editorship of Dr. Richard Hughes (England), and Dr. Dake (America). It was further decided that a companion volume containing commentaries on each medicine should be simultaneously issued, and the editorship of this, after some discussion, was undertaken by Dr. Nankivell of Bournemouth.

Dr. J. D. Hayward then read a paper on "The Use of Drugs in Surgical Practice," in which he maintained that no drug had ever removed a neoplasm, and that scirrhous tumors of the breast should always be removed by the

knife as soon as possible, and time should not be lost by giving medicine. Further, fissures, sinsues and abscesses in the rectum should be treated by the surgeon, as also should strangulated hernia, etc. The speaker believed that many homœopathic practitioners incurred deserved opprobrium by their reluctance or inability to have recourse to surgical measures. It was his opinion that every homœopathic practitioner should do his own surgery rather than have recourse to an allopathic surgeon who was usually hostile and grabbed the patient for himself.

The sense of the meeting as far as could be gathered seemed to be that Dr. J. D. Hayward's paper, though vigorous, was somewhat raw, and that this young practitioner had not as yet entirely emerged from the slough of despond of Allopathy of which he was at one time a disciple. The successes of the knife, achieved as they are *coram populi*, possess dazzling attractions for our younger members and dim the clearness of their mental vision. They are too apt to forget that nothing is ever gained and very much may be endangered by any violent interference with the processes of nature. Where the natural order of things has already been disturbed, as is the case in injuries and accidents, surgical interference is proper, but in cases where diseases have arisen spontaneously, the use of the knife is seldom desirable. Thus fractures being caused by external violence require to be set; lacerated injuries caused by cannon shot may necessitate amputation, etc., but to remove a cancerous breast which has arisen either spontaneously or from very slight and inadequate irritation of the part is unsound and unscientific. If a slight blow will determine the growth of a neoplasm in the breast of a person liable to it, how much more baneful must be the infliction of a large wound on a part in which the deposit has already begun. There can, in my opinion, be no doubt that amputation of the breast in a cancerous patient must greatly intensify and accelerate the ulcerative process. Such cases left to themselves and treated with medicines alone, go on for year after year. I know of one case where the whole tumor sloughed away, the wound healed and the

patient is now quite well. We may be pardoned for prophesying that the longer Dr. J. D. Hayward lives, the less he will employ the knife and the more he will trust to remedies. No doubt there are four or five simple procedures which are usually put under the head of surgery and which every practitioner, homœopathic or otherwise, will be frequently called upon to make use of, viz., passing catheters, opening abscesses when fluctuation has been detected, etc., but they are learned by every student before he is allowed his diploma, and they hardly come up to what is usually meant by surgery.

It has often struck me, how very much greater mortality during confinement is among human beings, than among the lower animals. No doubt the artificial life led by the animal called man in some measure accounts for this phenomena, but I believe there is another very important factor in the problem. Who ever heard of a cat or a dog dying during its confinement? The reason I believe is not far to seek. When a cat is taken with labor, another more learned cat does not come and dose it with ergot and chloroform or attempt to drag out the kittens by means of instruments. If Dr. Swayne's aphorism that "meddlesome midwifery is bad" were more universally accepted, we should have fewer deaths during child-birth, and I believe this maxim is equally applicable to surgery.

Dr. Proctor then read a paper on "Ammonia," and the meeting broke up for lunch.

In the afternoon the discussion on Ammonia was resumed, and Dr. Richard Hughes stated that, in his opinion, sufficient distinction had not been drawn between the carbonate which should be given in large doses during collapse and the muriate which was of very great utility in respiratory affections.

Dr. Galley Blackley (London) then opened a discussion upon the relation between medical men and chemists. The tarif for two drachm bottles should be the same with all chemists, instead of varying from 9d (18 cents) to 1 shilling and 6d (36 cents) as was the case. It might be fixed at 1 shilling (25 cents), and patients who could not afford

this might receive their medicine for a trifle if the physician put some mark, such as g. p. (gratis patient), or the like on the prescription. Dr. Blackley further recommended that physicians should as far as possible give their patients prescriptions instead of supplying medicines themselves. Patients attached greater value to a prescription, and the chemists were of course better pleased. There had been cases in which prescriptions had been abused—the same one, for instance, being in one case renewed during a period of fifteen years, but this could be prevented if the chemist refused to dispense unless authorized to do so by the practitioner.

The next meeting of the Congress was then fixed, to be held at Birmingham. Dr. Dyce Brown was elected President, Dr. Thomas Vice-President, and Dr. Hawkes, Secretary.

In the evening a banquet was held at the Adelphi Hotel, at which the usual patriotic toasts: Royal family, Army and Navy, Hospitals and Dispensaries, Homœopathic Journals, etc., were proposed and responded to.

Next day (Friday, Sept. 23) the Liverpool Hahnemann Hospital was declared open by the mayor amidst a brilliant concourse of people. Canon Tagie then invoked a blessing on the building and Mr. W. H. Tate, son of the donor, who, with characteristic delicacy, declined to be present, handed the deeds to the mayor who in turn handed them to Dr. Drysdale, senior trustee of the hospital.

An address was then read, accepting the gift on the part of the people of Liverpool and thanking the donor for his munificence. The company then adjourned to one of the wards where an elegantly served and various champagne luncheon awaited them. After lunch more speechifying, during which it was stated that Mr. Tate had offered to give the hospital twenty years ago but the homœopathic body had then declined it, hoping that they would still be able to introduce their system in the general hospital and thus avoid a permanent schism in the medical profession. Owing, however, to the narrow-minded bigotry of the majority, the schism had now been forced upon them, and

the profession had only itself to thank for this result.

During the afternoon over a thousand fashionably dressed ladies and gentlemen inspected the building. Among the objects exhibited were the Hahnemann relics, comprising the Master's now historical velvet skull-cap, his dressing-gown and slippers, his pipe, the chair in which he died, some letters written when he was over eighty, his medicine chest (containing no higher potency than the 12th), some powders prepared by his own hand, and last, but not least, a very good portrait. These treasures were kindly loaned by Mr. Peter Stuart, to whom they belong. I missed the brass bedstead so minutely described in Ameke's History of Homœopathy.

The building is designed to hold fifty beds, the basement being arranged as a dispensary. There are two capacious male and female wards, 60x24 feet, on the first and second floors; two infectious wards, a children's ward, five private wards and convalescent rooms, nurses' rooms, etc. The closets and bath-rooms are completely isolated and the hospital is fitted with all the latest appliances, such as lifts, [elevators] fire-proof corriders, granolithic staircase, etc., etc.

An important feature is the warming and ventilating system. The heat of the kitchen flue is utilized to warm and suck through a constant stream of fresh air, so that the whole air contained in the building is entirely changed and renewed every twenty minutes without any danger of cold draughts. This system which is probably the only one which solves the difficulty of introducing a constant supply of fresh air without cold draughts, is carried out by the Œolus Water Spray Co., London, under the supervision of the architects, Messrs. F. and G. Holme, Crosshall St., Liverpool.

The hospital is not endowed, so that those of our American colleagues who would like to give us a lift at starting in this country where a homœopathic hospital is still a novelty (there is only one other, *i. e.*, the London Homœopathic Hospital), can do so by sending contributions to S. J. Capper, Esq., Bold St., Liverpool.

FOREIGN SKETCHES.

BY HAROLD B. WILSON. M. D., Ann Arbor.

FIRST PAPER: WIESBADEN.

I saw a newspaper paragraph the other day, to the effect that there were more than 3,000,000 glass eyes made and sold every year. At this rate they would soon get to be fashionable, and their consumption would begin to rank with that of whiskey and tobacco. But in truth we little think how many one-eyed folks there are in the world The dread of that fearful and slightly indefinite something, called sympathetic ophthalmia, has caused to rage in various places, and with varying fierceness, the habit of wholesale enucleation or evisceration, and this always, if to no other good, at least to the benefit of those who manufacture glass eyes.

In the well known and fashionable watering place of Rhine Germany, Wiesbaden, there lived for many years, and still lives in the persons of his sons, one of the best known of these makers of artificial eyes, and since I, for my part, never understood how these marvels of the glass-blower's art, were really made, I resolved to make him or his descendants a visit, and if possible, to satisfy my curiosity.

A handsome brown-stone front on Rhein Strasse, bears this legend:

F. AD. MÜLLLER,
FABRICANT DER KUNSTLICHEN AUGEN.

The windows looking out over the broad street with its rows of trees and graveled walk, were filled with flowers, and the whole exterior had that neat and exclusive air, which German dwelling houses of the better class are sure to possess. Altogether, there was nothing about it that looked like a factory of any sort, except the sign. This reassured me, and I walked into the court and rang the bell, over which a modest porcelain plate was fastened, bearing the same inscription as the house-front. A young boy who answered the summons informed me that Herr M. was

at home, and ushered me, not into a shop, but into a well furnished parlor, instead, where stood a piano, and around which were scattered books showing its possessors to have taste and education. Presently Herr M. made his appearance—a tall, smooth faced, thin featured young man, with a very kindly manner. He greeted me pleasantly and after a little preliminary skirmishing, wherein I explained the object of my visit, telling him that his fame and his eyes had reached me, clear across the Atlantic, and that I wanted to see how such things as eyes were made, he expressed himself as only too happy, and immediately led the way to his work room. This was a long, rather narrow room, but small, in one end of which under the window, was a square work-table, fitted with a couple of gas-blowpipe jets, and littered with a profusion of tubes, rods, and fragments of variously colored glass, half-made eyes, pieces of eyes, and a lot of odds and ends, probably all arranged in that orderly confusion which some persons affect, and the key to which nobody else than they, can ever discover. He seated himself in front of one of the blowpipes, while I found a convenient post of observation at his elbow, and business immediately began. There was to be made a glass eye of the exact size and shape of one lying before us on the table, but having its iris the size and color of another specimen also lying there.

A tube of heavy milky glass was selected from a pile, heated and a bit drawn out into a long small tube, and this was detached, together with about a half inch of the original tube, so that after a little heating, blowing and manœuvering, there was a hollow bulb attached to a small tube, by which it could be handled and through which air could be blown and the bulb, if hot and soft, inflated. Now, after a series of meltings and blowings and turnings, by which the bulb was made to bulge here, and flatten there, an irregularly shaped milky globe was produced, having the general form of the eye-ball. The next step, which was to construct the iris, was watched with great interest, for this seemed to require the most masterly touches of the whole. The center of the face of the bulb was heated, and a bit of

colored glass fused onto it. More spasmodic blowing and manipulating, and there was to be seen a round, colored spot about the size of the iris, looking like an undifferentiated visual speck of some of the lower animals. This was only the ground work for the real iris, which was then built up by a series of most artistic touches of a half dozen or more tiny glass rods of different colors, from each of which a bit was fused onto the ground work, and the whole softened and toned down by cunning little strokes. It was really a sort of painting deftly done with melting glass. In the center then, a drop of black glass was struck, and melted in, and soon we had a dark pupil to that thing of glass, which is so wonderful a copy of that beautiful tissue nature has made for us. The cornea was next to be made, for as yet, our eye lacked that essential part. Accordingly, a thick rod of white glass was fused over the center of the iris, and worked over and over, twisted and pulled until finally a large mass of transparent glass was left on the front of the eye, and a few dextrous touches of the flame sufficed to develope from it a beautiful and clear cornea and anterior chamber. This done, the work was inspected, a tiny rod of red glass drawn over the sclerotic to make blood-vessels, and the final work of shaping began. A series of intermittent heatings and blowings, and comparisons with the model, soon developed the precise shape desired, and now nothing remained but to transform the eye —now a globe—to one of those delicate hemispherical shells with which we are familiar. To accomplish this, a narrow spot in the side of the globe was heated, until the glass was soft, when a strong blowing through the tube ruptured a small hole at this point. By heating the edges of this hole, and by wiping off the small portions of melted glass with a rod and carrying this process around the globe, the little shell I was looking for, was detached, looking as natural as life, and placed in a small Hessian crucible to anneal. The whole thing took about three-quarters of an hour, and "looked just as easy."

After finishing, we had a lengthy conversation about eyes, and Herr M. showed me some of his curiosities. He

has made shells of vulcanite and of celluloid; but the former become very much discolored, and the latter very rough from use, and there is as yet no practical means of utilizing either of substances for artificial eyes. There were boxes full of odd, little, irregular eyes for contracted orbital spaces—eyes with conical corneæ, for provisional and preliminary insertion—eyes with edges reflected inward, for tender stumps, or for children and hysterical women; these are so strong that they can be thrown across the room without danger of breaking, but they are difficult to make and hence expensive. Then there were numerous specimens illustrating pathological matters—conjunctival and corneal inflammations, such as ulcers and phlyctenules; iritic troubles; iridectomy; cataract, etc. One eye previously worn by a Hollander had an iris 16 m. m. in diameter, while that of another was so much smaller than the iris of the owner's real eye that a convex spectacle glass was worn before it to magnify it and thus equalize matters.

From the number of eyes Herr M. had on hand, I felt almost inclined to believe that if only the truth were known, most of the community about us would be found secretly to be wearing glass eyes, which looked so natural as to deceive even the elect—and then I thought of a case where, several years ago, I almost made an ophthalmoscopic examination of a glass eye, discovering its true nature only in time to save my reputation.

* * * The ophthalmologist knows Wiesbaden, however, as the residence of the Pagenstechers; or now, since Dr. Alexander is dead, of Dr. Herman Pagenstecher. Here, many years ago, they founded the Ophthalmic Hospital, and here they have both done some of the best operative work in Europe. When the hospital was first founded, its capacity was for two patients; now it holds eighty, and, if money were plenty, would be still further enlarged. It lies on the side of a hill overlooking the city, and not far from Dr. P's private office, and although it makes one out of breath to climb up to it, once there, the pure air and the spreading view repay the effort. Dr. Pagenstecher makes

daily visits, operating as the cases present themselves, often with the assistance of Carl Theodore, Duke of Bavaria, who is oculist and prince at the same time.

I was especially anxious to see a cataract extraction with closed capsule, for both he and his late brother have become famous through this one operation; and a few days after arriving in Wiesbaden I was fortunate enough to have my desires gratified. The operation was devoid of accidents, except the loss of a small amount of vitreous. The lens and its unbroken capsule came out easily and prettily upon the spoon, and the pupil was left large and black. Care was taken to ensure perfect cleanliness, rather than fanciful antisepsis, in making the operation, although a solution of sublimate, 1 to 5000, was used both for the instruments and the wound. Speaking of extractions with the capsule, and other matters, Dr. Pagenstecher said: "I do not make it now as often as formerly, for the reason that we do not have after ordinary extractions as much iritis as we used to have. In making extractions with the capsule, we do not get iritis as a complication. Prolapse of the vitreous is not at all uncommon, but I do not mind this much. I have seen as many cases of vitreous prolapse, probably, as any one, and hence know something about it; and I do not think that, as a rule, it is particularly unfortunate when it occurs in extractions with the capsule. I generally reserve the operation now, for cases of completely ripe, hard cataract, and there are in general certain indications for its use, as for instance, when the lens presses forward during section, or shows a readiness to be dislocated. In hypermature cataracts, also after iridochoroiditis, extraction in the capsule is the only proper method. When cataracts have matured rapidly, then extract by the ordinary method of lacerating the capsule. * * * I always make as large a conjunctival flap as I can. My incision is usually wholly in the sclera, its size depending on the nature of the cataract, and not to be determined by strict mathematical rules.* * * I believe we had but one unfortunate result in our cataract operations last year, and also one so far (July) this year. * * * I like to have one ward of

the hospital empty, so that it may be well aired, and then to move the patients from another ward into it, airing and cleaning the now unoccupied ward in its turn. Fresh air is death to the bacteria. They cannot stand fresh air, and so I want plenty of it in my wards."

Cataract cases are frequently left entirely unbandaged, at least after the first forty-eight hours. When there is dacryo-cystitis as a complication, the canaliculus is slit, the duct treated and closed with a cotton iodoform plug, which must stay in place from four to eight hours after the operation, and then only to give way to a fresh one. These cases are usually bandaged lightly with a cloth wet with sublimate solution. The spray is no longer used, and the dark room is one of the things of the past. I saw several cases of optic nerve resection, and Dr. Pagenstecher and his assistant both spoke highly of the operation. In one case of chronic absolute glaucoma, where the pain was terrific, complete relief was obtained by the resection. This operation tends to militate against the glass eye makers, for it seeks to preserve the eye-ball, instead of enucleating or eviscerating it, and at the same time to secure all the beneficial results of either of these operations, except in cases of malignant growths, of course.

Dr. Pagenstecher is a charming gentleman, and a splendid operator. I was quite converted to the determination to give the capsule operation and the optic nerve resection a trial, and was satisfied of brilliant results; and I left Wiesbaden, with its numerous baths and promenades, regretful that it was not possible to stay longer, and with somewhat mixed dreams of trying to extract closed capsules from glass eyes.

HUMANITY, a poem by W. Tod Helmuth, M. D., has just reached us. To say that it is a beautiful specimen from the pen of this gifted poet would be exceedingly trite. Dr. Helmuth has earned the poet laureate's wreath of the profession long before the utterance of this beautiful work; but he has now over-stepped the narrow limits heretofore assigned him and placed himself in a rank with the foremost poets of our day.

COMMENT AND CRITICISM.

The following tribute from a former pupil and intimate friend, to the memory of the late Dr. E. A. Farrington, we take from a letter written by Dr. E. Fornias, of Philadelphia. In its epigrammatic style the description of the Professor stands out clear and graphic:

He was a man who could, better than any I know, impart to others the knowledge he possessed.

He was kind and patient with the students, still he would not allow himself to be disturbed by the unmannerly.

He was easily approached out of the school room and at home, and delighted in being questioned on Materia Medica.

In the class room he did not solicit inquiries, but he never left a question unanswered; his plan being to quiz on the lectures of the week.

He was an affectionate father, fond of his family and home.

He was a charitable friend and sociable companion.

He was a gentleman in the full meaning of the word.

Frankly and sincerely speaking, I could not say a single thing to belittle him.

ALLOPATHY VS. HAMAMELIS.

FREDERICK HOOKER, M. D., Fayetteville, N. Y.

A writer in the *Medical Record* (Vol. XXIX, p. 732) relieves his mind in a very exhaustive—not to say exhausting—manner on the subject of Hamamelis. He has sounded its knell, and all that now remains to be done is to raise a monument to the "dear departed."

After speaking of Hamamelis as the "latest arrival" in the family of household remedies, he makes the following astonishing statement, which is so conclusive that it will, no doubt, send the remedy to the "shades infernal." He says:

A very strong watery distillate of the drug has been made, and this was injected in enormous doses into several frogs and into one mammal. [Ye gods! are we to learn the effects produced by drugs on the human body by experiments on frogs and animals? Is it any wonder that our enlightened brethren of the old school "wade through slaughter to the throne" of knowledge?] The

results were absolutely nil [like the results of old school therapeutics], and the experimenters conclude that the volatile principle of Hamamelis is entirely inert.

Experiments were then made to determine the presence of a volatile oil, and the composition of the alcoholic and ethereal extracts. No tests of physiological properties were made [no doubt, out of pity for the poor frogs], but the writers state that their conclusions were in harmony with those reached by Dr. Hector Guy, of Paris, who found as a result of numerous experiments that Hamamelis virginica is not toxic, that it has no special action on the vascular system, and that it contains no alkaloid.

The famous witch-hazel preparations, therefore, which cure so many diseases, external and internal, appear to be nothing but dilute tinctures of tannin, made odorous by an inert volatile oil.

We shall yet write the history of the decline and fall of witch-hazel.

One cannot conceive of the self-satisfaction of the writer of the article just quoted, as he settled back in his chair and calmly puffed his cigar, after having thus, summarily, dealt with a valueless family cure-all.

It is a fact too well known to require its assertion in this place that the action of the alkaloid of any vegetable substance differs, to a greater or less extent, from the action of the tincture made from the same substance. Is it not equally true that there are some principles, or combination of principles, that, while powerful in action, cannot be demonstrated by the clumsy methods of chemistry. The most powerful forces of nature cannot be demonstrated, but may be known only by their manifestations. Who has ever demonstrated the essence of life? of electricity? Echo answers, "Who." Yet we believe in life and electricity, for we see their manifestations every day. Is there any one who dares to deny that these forces exist, because he cannot demonstrate them?

If our old school brethren would consider that there are a few things in the universe beyond their ken, it would be of inestimable value to them and to their patients. They do not consider this, however, and, accordingly, if a thing cannot be demonstrated it cannot exist. They are ever trying to explain from the material stand-point what is only explainable by the eternal law of similarity. To put

serted forts. This was not true a generation ago. Unfortunately a large part of the original Organon is taken up with these obsolescent arguments.

Another part is given to the theoretical explanation of observed facts. This, as has been stated, is always subject to the revision of subsequent men, hence to men of our own day. Very much of this revision now consists in entirely dropping out Hahnemann's theorizing, and substituting a blank in its place.

The demonstrable ground for building a safe theory of the *modus operandi* of drugs, had not been reached in Hahnemann's time, and we of to-day, are but a trifle nearer it.

As yet, some of the steps in the process are obscure, others are entirely beyond all our combined powers of observation; hence, in not a few of the most important fundamentals, we do not know whether we are building upon rock or quick-sand, in fact we are building upon nothing but conjecture.

On just such flimsy fundamentals rests the theory of the "spirit-like force of disease," the "spirit-like power hidden in drugs," "the spirit-like vital force in man."

This terminology in itself displays our still helpless ignorance. All these, if they do exist, are matters of faith, and not of sight. And while it may be true of the Christian that he walks by faith and not by sight, it is equally true of the competent and scientific physician that he walks by sight and not by faith.

Ours is a theory that rests upon demonstrations, as Dr. Barnes reiterates again and again regarding the use of potencies. What we can see with our own eyes following in the legitimate line of cause and effect belongs to Materia Medica. What can not be satisfactorily shown in this way belongs to the filmy regions of undemonstrated theories.

To place as fundamental to Homœopathy, any such theories as these, is to make it, in so far as their influence may go, the laughing stock of scientific men. That these were regarded as fundamental by Hahnemann, is to his credit, in the age in which he lived, and in the light of the philosophy of his time. But they were not demonstrable then, and are even less so now.

It would be better, if they too, were relegated to a fine print appendix. Metaphysical and psychical theories must, in all probability, always occupy very limited ground in practical medicine. They have their place, but it is, and must remain a very inferior one. They are not necessary to the successful administration of drugs. On the contrary they are often a hindrance, a delusion and a snare. Of all methods for the use of drugs, Homœopathy alone stands on a clearly cut demonstrable foundation. It is the future hope of the healing art, and is rapidly levelling all other ideas. It is the little leaven that has already made itself felt in every school,

college and office of our so-called opponents, in every corner of the earth. Let us then be very cautious how we mar our fair structure of *observed facts*, by theoretical explanations that do not explain.

In a future article I hope to point out some of the gold in the Organon.

M. W. VANDENBURG, A. M., M. D.

FORT EDWARD, N. Y.

A "CORRECTION" THAT DOES *NOT* CORRECT.

Editor Advance:

Sir.—You know the convictions that obliged the writing of "*The Crank of an Organ.*" You know that scorn and contempt are not necessarily born of only malice. You know what happened to the money-changers who defiled the Temple.

You are asked to publish the accompanying *Open Letter*. You are not expected to ENDORSE it. It is a note of hand that must pass current on its intrinsic worth or be protested with costs.

You are either an advocate of Homœopathy unawed by influence, or you are bought with a price. Your dealing with this contribution will define your position. You are a free agent.

Yours for the "indicated remedy," *not* the "disease."

SAMUEL A. JONES, M. D.

ANN ARBOR, Oct, 4th, 1887.

An Open Letter to T. F. Allen, M. D., LL. D., Dean of the New York Homœopathic Medical College.

My Dear Double Doctor.—It is eleven years since I have seen the light of your countenance, but, having just read your letter to THE MEDICAL ADVANCE, I find that you are still the same, only more so.

I found you first, nearly twenty years ago, a struggling young M. D., snugly ensconced with a loving wife in a suit of rooms over a pharmacy. To-day you live in a modern miracle of brick-and-mortar, you have a pleasant country seat for a retreat in the dog-days, and you are regarded as a leader in the Homœopathic School. You have been tried by prosperity—that severest of tests. Is the white robe of manliness unsullied?

You, doubtless, have not forgotten the strange young man from Connecticut to whom the venerable Dr. P. P. Wells became as a father because his daughter plead for you for her old schoolmate's sake. You cannot have forgotten the magnanimity of a Carroll Dunham who made of you a second son and helped you up the ladder that you have so successfully clomb. One of these your benefactors yet lingers in the deepening twilight awaiting the Voice that calls the weary workman to his rest; the other lives in

the Light ineffable where they no longer "see through a glass darkly," no longer "know in part." Between the living witness and the dead, can you stand up in the midst of your prosperity and say: *I have fought a good fight; I have kept the faith?*

I am sorry to find in your communication to the ADVANCE an equivocation, that is infinitely *thinner* than the 1000th potency that you once declared you were ready "to swear to." It is an equivocation *and* an artful evasion, and you, its devisor, are a Doctor of Medicine, a Doctor of Laws, and the Dean of a College —God save the mark! Could none of these high callings provide you with the rectitude that each of them demands? In so sore an exigency couldn't you "assume a virtue if you have it not?" Of course it would be a severe sacrifice of self, but in such positions the demand is imperative.

I am, however, thankful that you have answered my challenge in your *official* capacity; and I am glad that my challenge and your answer are in the same journal. Yet a little while, and you and I will leave only a little hillock of green turf. Men will forget whether we posed in the pomp of place, or pined in penury, and they will judge us by our works. To that tribunal, unbiased and unbribed, I leave your answer to my challenge,

"Sustained and soothed by an unfaltering trust."

From an "A. M." and an "LL D." your are the most penurious rhetorician I ever read; and I have spent my life amongst books. You could easily have repudiated the *North American Journal of Homœopathy* as the ORGAN of the *New York Homœopathic College*—and it was a good time to do it if you only knew it. I was willing to bet on the vigorous virtue of the "physicist's boot. I waver, however, when I find the *Dean* of the College paraplegic and without an able-bodied avenging deputy—"but yet the pity of it, Iago!"

Nevertheless, you are prompt with a "correction" that was needless. Must a rollicking jest be sent to you labelled, and with "directions for taking," like a "Regular" prescription? Has your "Homœopathic" hypodermic syringe bewitched you? I need not tell *you* the remedy—*you* are the editor of the "*Encyclopædia of Pure Materia Medica!*"

How easy it would have been for you, as the Dean, to have written: The *North American Journal of Homœopathy* does NOT "voice the ethics of the New York Homœopathic Medical College." You did not: does your memory still retain some lingering reminiscence of a "little hatchet" that you played with as a guileless boy in the fragrant onion-beds of the Wooden-Nutmeg State? Meanwhile, I am grateful for the assurance that the College "has no connection" with the *Journal*—because I always enjoy a joke!

I fully agree with you that "a medical journal is not responsi-

ble for the statements of its correspondents." Perhaps you will return the compliment by agreeing with me that to wreak one's vengeance on the subscription-list of a medical journal "for the statements of its correspondents" is a "little game" that never yet has strangled a single truth—never can do *that*, though inspired, aided and abetted by his satanic majesty and all his friends. But, Mr. Dean, A. M., M. D., LL. D., and what not, have you even the hardihood to declare that "a medical journal is not considered responsible for the statements of its Editor-in-Chief." *That is the thing I am after;* whether it be made of wood-and-leather, "deacon," veal, or carion.

I hope this is intelligible English, and I plead for an intelligible reply.

I am fearful that I have under-estimated you hardihood, for as Dean of the *New York Homœopathic Medical College* you assure every reader of THE MEDICAL ADVANCE that its "*faculty is proud to count among its members* several of the editorial staff of the"—NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

"Proud!" "I thank thee, Jew, for teaching me that word." But what if it be the pride that goes before a fall?

In the name of the New York Homœopathic Medical College you, its Dean, have answered my challenge with an unmanly equivocation and a coward's evasion. You and its faculty must accept the consequences. Among these are the scorn of every honest man, and the contempt of an older School of Medicine which now knows that you trade upon a Name and are not inspired by a conviction. Your ethics are as elastic as your conscience is callous. Your college, as you define it, is a chartered pretense; it was founded as the Temple of a Principle with the ever-lasting Truth under it and the ever-living God over it. Who but the Father of Lies could have brought about the change?

Perhaps I mistake you all—you may have found Homœopathy too contracted for the "practice" demanded of you; you may feel *your* need for all the "adjuvantic treatment" so frankly advocated by one of your faculty and so fully endorsed by the Dean for all of it. In such an extremity you can be regarded as honest men by painting your sign:

THE NEW YORK ECLECTIC COLLEGE: Founded in 1860; Remodeled (to suit the times) in 1887.

A rose by any other name may smell as sweet, but an Eclectic College *by any other name* is a festering falsehood, an offense to God, and a disgrace to man.

Yours to the end for an honest name,

SAMUEL A. JONES, M. D.

EDITORIAL.

'When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."—HAHNEMANN.

A DIFFICULT PROBLEM.—Our esteemed contemporary the *Medical Era,* has evidently undertaken a difficult task. The editor is trying to convert a correspondent of the *Medical Times,* who asserts that, "the practice of a homœopathic physician consists of nine different parts—palliation, surgery, antidotes, parasiticides, mineral waters, hydrotherapy, electricity, empiricism and Homœopathy." Our contemporary does not need our aid, and the *Times* correspondent probably would not accept our advice; yet we would suggest that this egg may be made to stand on end by a simple mathematical process, viz.: subtract Homœopathy from this conglomeration and the remainder will be Allopathy, *a la* scientific (?) medicine, pure and simple. It is a fine point, but the differentiation is clear.

* * *

OUR PHARMACIES.—A stream never rises higher than its fountain; and our pharmacies, as a rule, will keep pace with the demands of the profession. This is a simple business proposition and needs very little demonstration. The proprietors must pay expenses and live, and as they keep a full line of reliable homœopathic preparations they deserve and should receive the support of the profession. But, that they do not, is known to every one. The homœopathic remedies to be reliable, should be prepared in the same manner as the ones from which the original provings were made, and then be kept pure, and free from contaminating influences, such as odors, etc. This cannot be done in an ordinary drug store. Yet, knowing all this, many homœopathic physicians persist in buying their remedies at the drug stores because they are a few cents cheaper. Many of these preparations are made after other than the rules laid down in the homœopathic pharmacopœia—from fluid extracts or dried plants gathered and prepared without due care—hence their cheapness, and hence too their entire unreliability and worthlessness in practice. In a desperate case the physician ought to *know* the character of his pre-

parations, and the fate of a patient often hinges upon this. Men who complain of the unreliability of their remedies, generally go armed with a hypodermic syringe which they use on the slightest provocation. Better study the Materia Medica *more* and works on allopathic therapeutics *less;* read a few true homœopathic journals; procure reliable remedies at a reliable pharmacy; pay a fair price for a good article; give the single remedy in the single dose, if possible, and wait and see the healing and saving power of similia. Practice Homœopathy for a year or two and see what an improvement it is on the old plan of mixing and alternating remedies. Agnosticism should be unknown in homœopathic practice.

* * *

HOMŒOPATHIC SPECIALISTS.—On another page, we publish the reasons why an Allopath should not use a two per cent. solution of the Silver nitrate in Ophthalmia Neonatorum. These reasons may be a sufficient negative guide for him, but why, in the light of Hahnemann's teachings on the treatment of chronic diseases, should the homœopathic oculist use a topical application of any kind. Can the local application of the Silver nitrate to the eyes of the new born infant, irrespective of indication, be considered homœopathic treatment? If it be the indicated remedy, the internal administration in the potentized form will do the cure work much more quickly, safely and satisfactorily. If it be not indicated, and it only can be in certain cases, it will do more harm than good—spoil more eyes than it can cure. The homœopathic practitioner is sometimes, in fact, often blamed, because he does not send his eye cases to the homœopathic specialist. Is it to be wondered he is cautious, when he can discover so little difference between homœopathic treatment and allopathic empiricism? Confidence is a plant of slow growth, and in the earning of it our specialists must not forget that the strict inductive method of Hahnemann can be and ought to be applied in the treatment of the visual organ as well as of the entire system. To keep up the indiscriminate use of a two per cent. solution of the Silver nitrate, after the advanced Al-

lopath has abandoned it, is not the way to gain or maintain the confidence of the general practitioner in the homœopathic treatment of Ophthalmia Neonatorum. Can we not do better? Is a topical application in this affection ever necessary in Homœopathic treatment? We think not; and if our specialists would study Hahnemann's Chronic Diseases and then follow its teaching in practice they would agree with us, that topical applications are not only absurd and unnecessary but in the majority of cases positively injurious.

* * *

HOMŒOPATHIC TEACHING.—In a recent editorial the *North American Journal of Homœopathy* presented the following plea for the use of palliatives in Homœopathic practice:

"It is high time, however, that the word 'homœopathic' be understood by the public; it is high time that the true definition of the term 'homœopathist' be given. It means 'one who believes in homœopathy—nothing more, nothing less—and why a believer in homœopathy does not have just as much right as a believer in allopathy to use all the adjuvantic treatment that he may think necessary for the welfare of his patient we are at a loss to determine. Because a physician is a believer in homœopathy, is he to believe nothing else? Is he to be debarred from using any other treatment which he may consider best for his patient? Can he not administer morphine hypodermically for the mechanical pressure of gall-stones or of a kidney calculus?"

We ask our readers to note this definition of Homœopathy and Homœopathist as given by the editor of the *North American* and then read between the lines in the following exposition of belief and practice by Dr. T. F. Allen, and see if the concordance is not significant.

To The Homœopathic Physician:

In your issue of September, 1887, just received, you ask of me information as to my beliefs, courteously: To such a request I am happy to reply.

The New York *Medical Times* has incorrectly quoted me in making me say that "I do not believe that Homœopathy is the only law of healing." *I never gave utterance to any such sentiment*, nor do I think it. What I may have said and what I am forced to believe is, that Homœopathy is not the only way to treat the sick. I know of on other *law of cure* than the law of similars;

it is a law I stand by in my public utterances and in my private practice. No one can more consistently follow its guidance day by day than I do; no one is more intolerant of empiricism than I; no one gives fewer doses, and, I may almost say, less medicine. But while I (the pronoun "I" is used with the intention to give expression simply to a personal opinion) practice Homœopathy pure and simple for the cure of the sick, avoiding even a highest potency of an *unproved* drug for the "cure" of neuralgia or anything else, other methods of treating the sick are forced upon me. These methods are:

First. Palliation. This I put first, because by me it is most infrequently used—*once* only during the past two years have I been forced to resort to hypodermic injections of Morphia in the closing hours of a woman suffering from cancer of the stomach. It is indeed rare that a remedy homœopathic to the symptoms fails to relieve even in an incurable case, but it sometimes happens, and when it does happen, whether from the ignorance of the physician or the peculiarity of the case, one's duty is perfectly clear and must be followed. I heard a homœopathic physician once say that if the remedy failed to relieve even in the highest potency, the patient must "howl;" he would not be guilty of administering Opium. I wish clearly to be understood—palliation is seldom necessary; the true homœopathist rarely uses it; but it is one way in which the sick must occasionally be treated.

Second. The removal of the cause of disease. Under this heading lies a mine of investigation, which has but just been opened. If we, as homœopathists, ignore the strides of medical progress in the direction of sanitary science and fail to keep abreast of that progress, we shall go under. What we have to do is to demonstrate the truth of God's law in Therapeutics, not to cover it up with dust. The truth is, people will not get sick if they are cured of all their chronic maladies and live properly; the truth is, Homœopathy alone is able to cure these chronic diseases; but it is not the truth that Homœopathy will remove the cause of disease. There are numerous instances in which urgent symptoms, the direct effect of an exciting and persistently acting cause, must be relieved by a forcible removal of the cause, and then the patient treated homœopathically to cure him and prevent a recurrence of the malady. These causes are not limited to gross substances, such as copper cents or green apples, but include substances which are microscopic in size but infernal in activity. Time will fail me now to enter into the whole discussion of contagion and zymosis, but there is no doubt in my mind that while, as a rule, patients are best treated by allowing the morbid process to work itself out, relieving the symptoms homœopathically as they arise day by day, and putting the system into the best possible condition to withstand the attack, there are cases in which, not being able to cure in a few

days the whole cachexia of the poor sufferer, not being able by a dose of Sulphur or any other antipsoric to remove his inherited psora that renders him susceptible to disease and feeble to resist it, we must suppress for a time the violence of the zymosis.

A most worthy but bigoted homœopathic physician allowed a young lady in this city to shake actually for over six months with tertian and double-tertain fever. The patient has never recovered from the absolute anæmia which resulted; more than ten years have not been sufficient to restore her health. The family let him see it through, and she never took any medicine but in the highest potency. Now, in such a case my duty is clear: Stop the overpowering activity of the zymosis, and then cure the patient. Once or twice only in many years have I been obliged to use Quinine in large doses. I cure almost every case within a week or two by the clearly indicated remedy; sometimes they recover in forty-eight hours; but now and then one must do differently.

He who in these days will not wash out with distilled water and one five-thousandth of a grain of corrosive Mercury a fresh case of gonorrhœa and cure his erring brother in twenty-four to forty-eight hours, must give up the treatment of such diseases. The fact that one in a hundred gets an orchitis or rheumatism shows rather that the water was too cold than that the cleaning out of a poison which is unclean and purely local caused a suppression of sycosis or any other -osis. But we do not know much about these poisons which get into us and ferment in our blood and tissues when we are below par. What I think is that, unless we know definitely all about it the best plan is to treat our patients carefully and homœopathically, but when we do know something about it, expel the intruder first.

Third. Local applications. It is a pretty theory, and one which works well *as a rule*, that if a patient be placed in a favorable condition all sores will heal and all discharges will be natural. I practice on that plan, and I use local applications very seldom, but I am bound to recognize the fact that *some* patients will absolutely not get well without cleaning the sores and washing off morbid secretions. Doctors may theorize and fuss about this all they please, the fact remains: local applications are necessary in some cases. Always in conjunction with such cleansing applications I prescribe the indicated remedy.

Fourth. Electricity. But as I do not believe much in it nor in any of the other expedients I have mentioned, I will not prolong this letter.

If an unbiased observer will watch the practice of different physicians he will see that each gathers about him his own set. Each will say that his world is complete and his methods satisfactory. I witness an eminent physician giving only high potencies gather about him a coterie composed exclusively of those

susceptible to such doses and flattering the doctor into the belief of his own infallibility. I witness also the hundreds of people who have failed to receive benefit at his hands quietly dropping away from him, and drifting into the circle of another who, in his turn, has his own following, and who conceives his methods to be nearest perfection.

I believe that as the years go by and good, honest work is done by us, we shall have less need of adjuvants and expedients. I know that within the compass of my own experience families have become less and less liable to sickness, and the children have grown more healthy and beget healthier offspring. Till the imedical millennium, however, we must take sickness as we find it, and do our best to cure, and to relieve if we cannot cure.

It will give me pleasure to defend my opinions against all comers who fight fair, but against those who use offensive epithets and impute unworthy motives I have no weapons.

T. F. ALLEN.

* * *

There is a broad difference between the *belief* in, and the *practice* of Homœopathy. A man may *believe* in Homœopathy as the only law of cure and practice eclecticism as the best he can do. There is nothing to prevent him from giving morphine "for the mechanical pressure of gall-stones," but as a homœopathic teacher it certainly seems strangely inconsistent that he should attempt to pawn this off as the practice of a consistent Homœopathist. There is nothing to prevent Lauder Brunton from using homœopathic remedies and pilfering homœopathic Materia Medica by the page, but all honorable men will think he should give due credit for it and call it by the right name, without reference to his belief. A Homœopathist is one who practices Homœopathy, not one who believes in it simply. He may believe what he pleases, but he must practice Homœopathy to be a Homœopathist, and we submit that it is neither consistent nor wise for a teacher—either from the rostrum or the journal—to advocate empiricism forsooth because he cannot find the similar remedy without some hard work. It is easier to glide with the current than to pull against it; easier to follow the broad well-beaten track in which Allopathy has travelled for a one thousand years than the narrow rugged pathway of Hahnemann and the Homœopathist. It is easier to give a dose of morphine or

quinine to quiet pain or suppress a fever paroxysm, than, after a diligent search, to find the simillimum. But is it better for the physician or safer for the patient? Is this the best way to demonstrate "the truth of God's law in therapeutics," or is it the way "to cover it up with dust?"

* * *

The illustrations from a practical stand-point are, we think, exceedingly unfortunate. To suppress a zymosis with crude doses of quinine, is neither new, strange nor scientific. To "wash out with distilled water and one five-thousandth of a grain of corrosive mercury a fresh case of gonorrhœa and cure his erring brother in twenty-four or forty-eight hours," is an allopathic expedient two hundred years old, and certainly is erroneous in both teaching and practice. It is pernicious in that it assumes the affection to be local, not general, a fact in pathology now admitted by the best pathologists* and advocated by Hahnemann nearly a hundred years ago. Can you suppress a constitutional affection—whether a zymosis or a gonorrhœa—without endangering the life or the welfare of the patient? Does such teaching tend to elevate the "science of therapeutics," as taught by Dunham a few years ago in his Lectures on Materia Medica.

* * *

HOMŒOPATHY AGAIN FOUND WANTING (?).—*The Medical and Surgical Reporter* has for some weeks past given place in its columns to opinions pro and con on "Homœopathy." For this apparent desire to be fair, the editors are deserving of praise. That they have failed to clear up the vexed question in a few letters is not remarkable considering that it takes a lifetime of practice to get even a fair understanding of the meaning of our law.

We do not remember to have seen the name of any conspicuous exponent of the school in its purity defending or explaining to the readers of the *Medical and Surgical Reporter* the principles of Homœopathy, possibly because homœopathic readers do not usually see journals of the

*See the late works of Otis & Milton.

other school, possibly also because they are too busy curing the patients of the Allopaths.

* * *

The last letter on the "con"-side, by H. V. Sweringen, contains some good points as against that number in our school who have renounced the devil but retain his works—the Allopathic-Homœopaths. Among other things he says:

We have made more genuine progress in the last thirty or forty years than was made in the preceding twenty centuries, not considering the discoveries of Harvey and of Jenner.

And why, pray? What startled you from your twenty centuries of sleep? Had the introduction and success of Homœopathy aught to do with it?

There is not an important principle, fact or theory; not an important medical discovery; not an instrument of merit; nothing of sound, practical utility within the whole range and compass of the science and art of medicine and surgery, which did not have its birth and origin in the so-called old school.

Hoo-ray for our side! There's not a man, woman or child, single, married or otherwise; there's not a male or female, betwixt or between; not a single bird, beast or fowl; insect, reptile and so forth, and so forth, in existence to-day "which did not have its birth and origin in the so-called" Garden of Eden. Do you see the point, Dr. von Swear-again?

If Homœopathy is increasing, as some claim it is, it is certainly not because it is correct as a doctrine.

Its correct enough to steal from, isn't it, J. Larceny Brunton and B. Chloride Ringer?

Where it is in the ascendancy—if indeed there be such a place—it may be that the practitioners thereof practice *both* systems, as so many of them profess to do in this part of the country.

Aye, there's the rub—more's the pity!

I would like to ask "one of them" how a homœopathic adherent can conscientiously practise the old school doctrine if he believes it to be wrong?

You have him there, 'deed and you have!

And what his opinion is of the man who advertises that he practices both homœopathy and allopathy?

Just the same that you or any honest man or woman would have. He's trying to sit on two stools and deserves to fall between them—as he usually does. And what is your opinion of the Allopath who offers to practice Homœopathy if the patients so choose?

Now, here is the verdict as pronounced by the editors in closing the discussion:

As a system it is contrary to every principle of scientific study or achievement, and * * is deservedly rejected by the great mass of honest and wise men who constitute the "old school," and deserted by the shrewd members of the very sect which flaunts its name.

Is 't even so? Think of it a moment. How many Homœopaths can you call to mind during your brilliant, but eratic careers, who have renounced Homœopathy and gone over to your school? And you surely will not deny that Homœopathy is receiving constant accessions from your camp? Neither will you put yourself on record as saying that our practitioners and laymen, numbering into the tens of thousands, are all lacking in honesty and wisdom.

As a method of practice it cannot be denied to have a certain success, but this is in spite of the false theory upon which it is founded, and not because of it.

Now, this is most alarming! We succeed not because we don't, but because we do!

We also agree * * * in recommending to any candid and intelligent mind a study of the doctrines of Homœopathy as published in the writings of its founder.

That's the ONLY true way to learn homœopathic principles. By the bye, *Messieurs les Editeurs*, have YOU read the Organon of Hahnemann which contains the doctrine of Homœopathy as promulgated by the Founder and by him reduced to writing in that form? And have YOU put the propositions therein set forth to an honest test, thereby assuring yourself of their truth or falsity, or have you taken your principles of "Homœopathy" at second-hand plus the bias of your informant? If you are honest, you will act as an honest man in matters of science, viz.: Put Hahnemann's fact to the test of practical experience and publish the failure in *The Medical and Surgical Reporter.*

NEW PUBLICATIONS.

A CLINICAL MATERIA MEDICA. A course of lectures delivered at the Hahnemannian Medical College, Philadelphia, by the late E. A. Farrington, M. D. Reported phonographically and edited with the assistance of the Lecturer's manuscript, by Clarence Bartlett, M. D. Philadelphia: Bœricke & Tafel, 1887. Pp. 752. Cloth, $6; half morocco, $7; with usual discount. To be had at all Pharmacies.

Several of these lectures have already been published by Dr. Bartlett in the *Hahnemannian Monthly*, and have been universally approved; also, a series of Dr. Farrington's lectures from notes taken by his students, Drs. Fornias and Hershberger, have appeared in the current volume of the ADVANCE. We welcome it to our table as a valuable addition to our working Materia, and can conscientiously recommend it to every Homœopath—whether practitioner or student—as a volume he can read with pleasure and study with profit. The plan is that of Dunham's Lectures—comparative in character—but the comparisons are more extended and embrace a larger number of remedies. One great defect in Dunham—a clinical index—is corrected here by an index of both remedies and diseases.

The work does not profess to be a complete Materia Medica—as in a course of seventy-two lectures that would be manifestly impossible—yet in either lecture or comparison over 400 of our chief remedies are mentioned, with a lucid explanation of the action of our polychrests and a brief but clear comparison of remedies having similar or corresponding symptoms and the circumstances in which they differ are given. Like Dunham's Lectures, these admirable comparisons show the imprint of a master-mind in this difficult and intricate subject, and undoubtedly belong to the classics of our school. The teaching is unmistakably Hahnemannian; the pathological vagaries of Hempel, Hughes and Hale find little comfort here. We miss many of our leading comparisons—and perhaps others will also—but to a certain extent this is unavoidable. On page 681, in comparing the chest pains of Kali carb. and Bryonia: "The most characteristic symptom of all, and one which runs through the symptomatology of the drug, is stitching pains which are prominently located in the walls of the chest. They are made worse by motion. * * * They occur characteristically in the lower third of the right lung, going through the chest to the back"; but for us the leading differentiation has always been that Kali carb. is aggravated while Bryonia is relieved by lying on the affected side, and this is omitted from the comparison. Again, on page 653, in comparing Borax: "Little ulcers form about the joints of the fingers. The best remedy we have for these small ulcers about the joints is Sepia." To this apparently careless method of differentiation, we must take exception. It is evidently

an error in expression, as no one knew better than Dr. Farrington that there could be no such thing as *better* or *best* in the action of a remedy. It is the simillimum to the totality of the symptoms, that the law demands, not the best remedy for a disease. We hope the time will come when Dunham's and Farrington's Lectures will be the text-books of every homœopathic college, and every student be compelled to pass an examination on their contents ere he or she obtain a diploma. There is scarcely a practitioner in our school but will find a hint in every lecture worth the cost of the book, and we earnestly recommend not only its prompt purchase but its able comparisons written in every working Materia Medica. The time required to put them in Hering, for instance, would be repaid a hundred fold the first year. We think it the best book which has been published in our school in 1887.

A SYSTEM OF GYNECOLOGY. BY AMERICAN AUTHORS. Edited by Matthew D. Mann, A. M., M. D., Professor of Obstetrics and Gynecology in the University of Buffalo, N. Y. Vol. I. Pp. 789. Philadelphia: Lea Brothers & Co. 1887.

It is only a few months since we received notice of this magnificent enterprise, a cyclopædia of gynecology by American authors, and the first volume of nearly 800 pages is on our table. Verily, book-making has come to be a science. To the skill and ingenuity of American surgeons this special field is largely indebted for the position which it holds to-day in the surgical world; hence it is peculiarly appropriate that in the land of McDowell and Sims should originate the first complete work on "A System of Gynecology." And there is no better time than the present, while so many of these pioneers are living, to record the deeds which have made their names household words in two continents, in which to undertake it.

In the preface the editor says: "In all departments of science the largest results are to be obtained by division of labor and combination of effort. In medicine this is especially true, concentrating the experience of leading men on each subject, shows that such a plan of composition is more satisfactory than the effort of a single author to treat exhaustively all the details of an extensive branch of practice." There are, no doubt, many advantages from this plan, and Volume I proves that each man has endeavored to do his "level best" in the part assigned him. The contents of the present volume are as follows:

Historical sketch of American Gynecology, by E. W. Jenks, M. D., of Detroit, is the introductory paper occupying over 50 pages, and a very readable and interesting one it is. It traces the history of the art from the Egyptians and Greeks as mentioned by Homer and Herodotus to the present day; and the pardonable pride with which every American surgeon or physician reads of the early

achievements of McDowell and Sims and the wonderful results they obtained under the most discouraging circumstances, is certainly excusable. Think of ovariotomy now-a-days without anæsthesia or clamps and many other instruments now considered indispensable. This sketch, although marred by a few typographical errors, is as interesting as a novel. It is certainly the best history of gynecological authors to be found. The other articles in this volume are by such well known men as H. J. Garrigues, H. C. Coe, E. H. Grandin, E. C. Dudley, A. J. C. Skeene, whom Keith considers the ablest of American gynecologists, A. D. Rockwell, Gill Wylie, Reeves Jackson, M. D. Mann, C. D. Palmer, T. A. Reamy, R. B. Maury and Ely Van de Warker. The majority of these essays are practical and are largely drawn from the personal experience of the author. The one by Dr. Grandin on "Diagnosis" is so thoroughly practical in its details that too much cannot be said in its praise. He urges on the student as well as practitioner the fact that: "The broad truth must not be lost sight of, that gynecology is but a part of a grand whole." This fact is too often overlooked by many operators. We could have wished that some other subject had been assigned to Dr. Skeene, not that he has not treated therapeutics as well as any man could, as old school therapeutics is at best a dull theme, but because he might have thrown much light on some operative branch. If completed in the manner in which it has been begun this will become not only a standard authority but a classic work as well.

The volume is illustrated by three large colored plates and two hundred excellent wood engravings; and any book which bears on its title page *quæ prosunt omnibus* is in the best dress of the printers art.

A TREATISE ON DIPHTHERIA, HISTORICALLY AND PRACTICALLY CONSIDERED: INCLUDING CROUP, TRACHEOTOMY AND INTUBATION. By A. Sanné Docteur en Medicin Ancien des Hôpitaux de Paris, et Chevalier de la Legion d'Honneur. Translated, Annotated and the Surgical Anatomy added. Illustrated with a full page colored lithograph and many wood engravings. By Henry Z Gill, A. M., M. D., of Cleveland, O. St. Louis: J. H. Chambers & Co. Pp. 656. 1887.

As a pupil of the celebrated Trouseau who next to Bretonnean gave us one of our earliest and most complete essays on this modern scourge, the author is well qualified for the task he has undertaken. Since 1869, when his monograph on the "Sequences of Tracheotomy" made its appearance, he has devoted much time and labor in investigating the pathology and differential diagnosis of diphtheria, and probably no physician in Europe has given this subject closer study. The extensive hospitals of Paris and the notes of Barthez, from 1854 to 1875, were at his disposal, and the present volume contains all that was to be gleaned from the study of over 1,500 observations.

From this storehouse the author has given us an exhaustive treatise on Diphtheria, its history, nature, etiology and differential diagnosis; its parasitic and other theories; its symptoms, localizations and pathological lesions; its duration, course and usual terminations; its preventive, antiseptic, medical and surgical treatment; in fact, one of the most complete and authoritative works to be fouud in the English language. In the surgical minutie of tracheotomy and intubation—when to operate and when to decline—with the statistics of mortality in tracheotomy for laryngeal diphtheria it is especially complete.

In the medical treatment while the position occupied by the author is an advanced one, so far as his school of practice is concerned, it is in every respect contradictory and unsatisfactory. For instance, on page 388 the author says: "Now that it is fully demonstrated that the false membrane is the product and not the cause, we understand that to suppress it is not to cure the disease. As fast as one causes the concretion to disappear, it is replaced by another, so long as the tendency of the system to produce the false membrane persists. In following this course one undertakes a task perpetually returning, useless and even dangerous." As a sound pathologist he recognizes the constitutional character of the disease; yet, despite this sound position, in the most dangerous form of the affection—the septic—he recommends topical applications, which are always worse than useless. After a critical analysis of the therapeutics of diphtheria he arrives at the following, "conclusion—The long array which has just been made of the above mentioned means, for the purpose of attacking diphtheria in its essence, proves once more that the list of remedies used in any disease are in proportion inefficient as they are greater in number. The specific remedy for diphtheria is not yet discovered. We may doubt if it ever will be." This is sound doctrine; yet what a crushing commentary on the therapeutics of his school. There can be no such thing as a specific for diphtheria nor any other disease, *per se.* The author recognizes individuality in his pathology, why not apply it to his therapeutics? No one knows better than he that no two individuals are alike in constitution, or any other particular, hence could not have diphtheria alike if they tried. This treating the name of a disease is the bane of therapeutics to-day, as it has been for the past 2,000 years, and the sooner all schools of practice recognize the fact, the better for both practitioner and patient.

Dr. Gill has conferred a boon upon the profession for placing Sanné's classical work within the reach of the American physician and the publishing house of J. H. Chambers & Co., of St. Louis, has demonstrated that in book making they are equal to the old established houses of the east, for in paper, press-work and binding this work will compare favorably with any recent publication.

LESSONS IN GYNECOLOGY. By William Goodell, A. M., M. D., Professor of Clinical Gynecology in the University of Pennsylvania. Third edition, thoroughly revised and greatly enlarged: with 112 illustrations. Philadelphia: D. G. Brinton, 1887. Octavo; Pp. 579.

In the preface the author claims that: "This book is not a complete treatise upon diseases of women, but mainly the outcome of clinical and didactic lectures, delivered to the third-year students of the Medical Department of the University of Pennsylvania." Yet, after a somewhat careful perusal, we find very little in operative gynecology omitted from this splendid volume. The style is clear and forcible.

The clinical cases are both instructing and interesting, and in their minute detail mark the painstaking student. But it is in the last chapters or "Lessons," especially, that the busy general practitioner or even the gynecological specialist will be repaid by its study. Here are to be found some original and practical hints; even radical innovations in the field of preventive medicine.

LESSON XXXVII on "Some Practical Hints for the Prevention of Uterine Disorders" has the following: "A recumbent posture ought not to be too rigorously enjoined. I feel persuaded that this tradition of the lying-in chamber does more harm than good, for nothing so relaxes muscular fibre as a confinement in bed. In my experience women feel stronger on the fifth day after labor than they do on the ninth or the fourteenth, if kept in bed. * * * * Since labor is in general a strictly physiological process, there can be no sound reason why a woman should not sit up in bed, or even slip into a chair, whenever she feels so disposed. These are not idle phrases but the conclusions of a long and well-sifted experience. Such movements excite the womb to contraction, and empty it, and the vagina of putrid lochia, which may be incarcerated by a clot or by the swollen condition of the soft parts. When, therefore, the lochia are offensive, these upright positions should be advised as being, in fact, better deodorants than any detergent vaginal injections. By equalizing the circulation and increasing its force, they also tend to lesson the passive congestion of the womb as a whole, the engorgement of the placental site, and especially that blood stasis kept up by the dorsal decubitus in its now thickened posterior wall, which is, in my opinion, a very common cause of posterior displacements." Again he says: "The prolonged use of the obstetric binder is another factor in the production of female complaints. * * * Pharaoh could have devised no surer way of overcoming the fruitful health of his Hebrew subjects, than by an edict enforcing the prolonged use of the tight obstetric binder." But, while breaking away from the traditions and crude teachings of his school in many particulars, he clings with a tenacity worthy a better cause to the vicious theory of "a strictly anti-septic process" in obstetrics, for on page 544 we find: "In

every case of labor, the vagina should be syringed out with a quart of a 1:2000 solution of corrosive sublimate, both as soon as the os is fairly dilated, and directly after a complete delivery," apparently over-looking the well established fact, that for many patients of peculiar idiosyncracies and susceptabilities this is a poisonous dose; besides the unscientific practice of fighting a theory, a will-o-the wisp, a figment of the imagination.

LESSON XXXVIII deals with "The Relation which Faulty Closet Accommodation bears to the Diseases of Women." It is a vigorous plea for better sanitary surroundings—something in accord with the boasted civilization of the age.

LESSON XXXIX exposes the evils and dangers of one of the most potent demoralizers of the marriage relation, viz. "The Sexual Relations as Causes of Uterine Disorders." It deals with "conjugal onanism" and its kindred sins in plain, frank yet earnest and delicate language. If this chapter were reprinted in pamphlet form and put into the hands of every family in the land it would in our opinion, do away with our divorce courts and largely decrease the income of the author and his gynecological brethren. A study of this chapter will enable many a practitioner to see why he has been unable to cure an apparently curable case. This one chapter will repay, many times over, the cost of the work, and no physician of any school can afford to be without it.

QUIZ COMPENDS. P. Blakiston, Son & Co. Philadelphia. 1887.

A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS. By Orville Horwitz, M. D. Third edition, revised, enlarged and improved. 91 illustrations.

A COMPEND OF OBSTETRICS, ADAPTED TO THE USE OF STUDENTS AND PHYSICIANS. By Henry G. Landis, M. D. Third edition. Thoroughly revised, with new illustrations.

The increased and steady demand for these excellent works for ready reference must be alike gratifying to both author and publisher. They form very complete pocket compends almost indispensable to students and very valuable for the physician in active practice, and meet our hearty commendation. Cheap, practical, convenient.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By George T. Jackson, M. D., Instructor in Dermatology in the New York Polyclinic. New York: E. B Treat, 1887. Pp. 356.

Although nearly every work on diseases of the skin treats more or less fully the various affections of the hair and scalp, this is the only work of recent date with which we are acquainted, entirely devoted to a scientific description of these diseases.

PART I briefly considers the anatomy, physiology and hygiene of the hair and scalp; largely taken from Waldeyer's *Atlas* and Unna's excellent article in Ziemssen's *Handbuch*, for which due

credit is given; PART II gives the essential diseases of the hair; PART III the parasitic diseases, and PART IV the diseases of the hair secondary to diseases of the skin, and a bibliography of 640 references concludes the volume. These important affections are considered as local lesions and, we regret to say, are treated almost wholly by topical medicated applications. They are all constitutional diseases and should be eradicated by constitutional means only. The suppression of tinea capitis and other diseases of the scalp in children often leads to disastrous complications; or, if a fatal issue be averted for a time, life long impairment of health is liable to ensue. But our author has evidently yet to learn the secret.

OTIS CLAPP & SON'S VISITING LIST: PERPETUAL. Boston and Providence.

This is a convenient pocket visiting list, for sixty patients a week, with a calender, obstetric table, poisons and their antidotes, emergencies, treatment of asphyxia, etc. It has a blank space between the columns for each day's visits, for the prescription, which is a great convenience. Being perpetual it can be used more than one year. It is in the field early, being the first on our table. For thirty patients, $1; for sixty patients, $1.25.

THE ELEMENTS OF MODERN DOMESTIC MEDICINE. By Henry G. Hanchett, M. D. Issued after careful revision by A. H. Laidlaw, M. D. New York: Charles T. Hurlburt, 1887. Pp 377.

This is intended as a practical guide for the domestic treatment of the more common affections met with in every day practice. There are also full directions for cases of emergency; and also for the hygienic management of young children which should be inculcated in every family using homœopathic remedies, of which the following are sound, practical common sense examples which every physician can recommend:

"Never use soothing Syrup.

"Never use opium, paregoric, laudanum, rhubarb, purgatives, or any patent medicine, or nostrum, containing these articles, or whose component parts are not stated.

"Never do anything, beyond taking a warm foot-bath, to bring on the monthly period.

"Never trust a medical advertisement of any kind, or a physician who advertises, or take any patent or proprietary medicine, or nostrum of unknown composition, for any purpose whatever."

In its medication it is neither so complete nor reliable as Hering's or Johnson's, and there is a too frequent reference to the use of "the mother tincture." It would have been better to have allowed the family physician who orders or suggests the procuring of a book and case to suggest the potency of the remedies with which it is to be filled. Neither can we endorse the recommenda-

tion on page 99 to mix Bryonia and Gelsemium in the same glass. The author, though evidently a firm believer in the law of the similars, fails to grasp the true spirit of its practice. However, in diet and hygiene, the work has much practical advice to give, and one of great value in the family is strongly insisted upon in every chapter on disease, viz.: to send for a physician when a physician is needed.

SEXUAL HEALTH: A COMPANION TO MODERN DOMESTIC MEDICINE. By Henry G. Hanchett, M. D. New York: C. T. Hurlburt, 1887. Pp. 86.

In the preface the author thus explains why this is a companion volume to the "Domestic Medicine": "The following pages have been put by themselves in order that the method of their use in the family might be determined in each case in accordance with the views of the parents. A work on domestic medicine to be of any service, must be on hand when wanted and many persons are not willing that such information as these pages contain, should be within easy reach of boys and girls." Perhaps this is a laudable desire, but healthy reading and sound advice, even on sexual subjects, may find a fitting receptacle in a work for family use. It contains plain teaching on the following subjects: "Sexual Health of the Male," "Sexual Health of the Female," "Marriage and Reproduction." The author says that "The life of chaste celibacy is undoubtedly the highest ideal and gives best promise of health, happiness and usefulness," and quotes St. Paul as his authority. That may have been true in St. Paul's time, but great changes have taken place since then and the great Apostle is not looked up to as authority on marriage in 1887.

THE CURABILITY OF INSANITY AND THE INDIVIDUALIZED TREATMENT OF THE INSANE. By John S. Butler, M D. New York and London: G. P. Putnam's Sons, 1887. Pp. 59.

Three years before Pinel began to unchain the shackled insane at Salpetriére, Hahnemann demonstrated the immense advantages of using kindness in the treatment of the insane when he restored Klockenbring, the insane Chancellor of Hanover, to his friends after the case had baffled the skill of Wichman, the court physician, one of the ablest men in Germany. This was in 1790. Since then, and especially within the last fifty years, many theories in the management of the insane which were then considered radical, have been put into successful practice. In the small work before us the author's enthusiasm in his method of individualization is seen in every page and must be felt by every reader. His extensive experience in the management of the "Connecticut Retreat for the Insane" leads him to the conclusion that by the humanitarian treatment—moral and social influences, the proper cultivation and use of the will and the individual appeal to the better

nature—many cases now considered incurable may not only be cured, but when taken in their incipiency the actual outbreak may be prevented. While in no sense a text-book there is a vein of earnestness throughout the work which will well repay perusal, whether by lay or professional reader.

PROCEEDINGS OF THE TWENTY-THIRD ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO, held at Cleveland, Ohio, May 10 and 11, 1887. C. E. Walton, M. D., Secretary.

This is the first volume of transactions for 1887 which has reached our table, and contains many valuable papers—some of the best ever presented to this able and efficient society—nearly all, we regret to say, sadly marred by defective proof-reading. If a medical society expects good work from its members, it must see to it that a paper which has cost the author much labor, appears in the printed transactions in a readable manner. Members capable of preparing instructive papers, generally decline to prepare them for the waste-basket; and a society which does not or cannot publish its transactions might as well surrender its charter, for its usefulness is practically ended.

MASSAGE: MECHANICAL PROCESSES. PRINCIPLES AND PRACTICE OF REMEDIAL TREATMENT BY IMPARTED MOTION. By Geo. H. Taylor, M. D. New York: John B. Alden, 1887. Pp. 173.

The author is evidently one of our self-reliant, practical men—a man who would make a success of any special study which he undertook. He has very successfully adapted the mechanical processes to the treatment of nearly every form of disease, and in this small volume the reader can find out how to do it, if he will. Many cases of chronic invalidism where drugging has been too indiscriminately used until the patient has lost all faith in drugs, in his physician and in himself, can, by the rules there laid down, be restored to health and usefulness.

THE CENTURY.—After finishing a series of papers on "The War," unrivalled in interest, and giving the best "Life of Lincoln" yet written, *The Century* will soon bring out another series of papers, "*Siberia, and the Exile System*," by Kennan, author of *Tent Life in Siberia*, who has spent four years in, and travelled over 15,000 miles through European and Asiatic Russia. Subscribe now, if you are not a constant reader, and secure the entire volume.

GRAY'S ANATOMY.—Lea Brothers & Co., announce for November a new edition, thoroughly revised with much additional matter and 113 new engravings, many of them original, and a part of them colored, for which an extra charge of $1.25 will be made.

PUBLISHER'S PAGE.

SUBSCRIPTIONS.—We wish to thank our readers for their promptness in remitting subscriptions for current volume. There are still a few pieces of paper, however, to which we would like to attach our autograph.

FOR SALE.—My practice of twelve years standing, in a city of 17,000 inhabitants in Northern Indiana, surrounded by a rich farming country. No competition and no homœopathic physician within twenty-five miles. Entirely satisfactory reasons given for leaving. Address C. W. L., care MEDICAL ADVANCE.

SEE Halsey Bros. new ad. in this issue.

A CHRISTMAS GIFT.—A most acceptable present for either wife sister or mother, and one that should grace the parlor table of every Homœopath in America, is Dr. Helmuth's new poem "Humany." It is beautifully illustrated and elegantly bound. See notice in a future issue. Ask your pharmacy for it.

THE JOURNAL OF MORPHOLOGY, a new candidate for journalistic favors is announced. The first number (Sept.) will contain seven double lithographic plates and one heliotype plate.

THOSE who employ antiseptic methods in surgery should investigate Listerine—safer than corrosive Mercury.

THE N. J. STATE HOMŒOPATHIC MEDICAL SOCIETY held its semi-annual meeting at Atlantic City. The attendance was good and so were the papers.

THERE are many excellent preparations of concentrated foods for the sick, for babies or for invalids, in this issue. See the advertisements of Mellin's, Carnrick's, Lactated foods and Bovinine and Colden's beef. A good selection can be made for almost any patient. Send for sample and mention this journal.

SAMPLE of Horsford's Phosphate, Pinus Canadensis, Crystalline Phosphate, or Fellow's admirable preparation sent to any address on application, if you mention the ADVANCE.

WELL DONE KANSAS.—The program and bill of fare of the State Society, for the next annual meeting in May, 1888, is on our table. No member need complain of not receiving timely notice.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

VOL. XIX. ANN ARBOR, MICHIGAN, DECEMBER, 1887. No. 6.

MATERIA MEDICA.

A COMPARATIVE STUDY OF SEPIA AND SULPHUR.*

EDWARD RUSHMORE, M. D., Plainfield, N. J.

Dr. Gross, in his "Comparative Materia Medica," has given many comparisons and contrasts between allied remedies, which have often been of the greatest use to me in selecting a remedy for the sick. There are, however, many more points of distinction between the remedies I have chosen for this study, which I have put in easily available form for my own use, and which I now endeavor to arrange for still more extended and convenient reference. I need hardly say to any one to whom this study may come that Bœnninghausen has been my chief guide.

Beginning with the symptoms according to the Hahnemannian schema, we find affections of the intellect in the highest degree characteristic of Sepia; even indifference, absence of mind, difficult comprehension. Sulphur has

* N. J. State Society.

less tendency to intellectual disturbance, except as to fantastic illusions.

Sulphur has a more decided action on the hair, but the complaints calling for Sepia are mostly found in dark-haired people.

Sepia has a comparatively slight affinity for the eyes, although the eye symptoms are numerous. Sulphur, on the contrary, affects almost all tissues of the eye powerfully, with many disturbances of vision. Sepia predominantly acts on the upper eyelid; Sulphur on the margins of the lids.

Sepia acts more than Sulphur on the internal ear, causing acuteness of hearing; Sulphur complaints have rather hardness of hearing and noises, especially humming in the ears.

Sepia has inflammatory irritation of the tip of the nose; Sulphur, bleeding of the nose on blowing it. Under Sepia the smell is lessened or lost; under Sulphur there is smell of old catarrh in the nose.

Both remedies have pale or yellow face, but red spots on the cheeks decide for Sulphur. The facial eruption of Sepia is around the mouth and on the nose; that of Sulphur more on the upper lip.

Sepia has a puffy nose, but Sulphur has freckles on the face.

Sepia affects mainly the lower; Sulphur the upper lip.

Sepia has pain and decay of the teeth; Sulphur, disturbances of the tongue and lessened saliva.

Sepia has loss of appetite; Sulphur, thirst and aversion to meat. Under Sepia the taste is mostly bitter or salt; under Sulphur it is sour.

The chief gastric disturbance of Sepia is vomiting of bile; but Sulphur has water in the mouth, qualmishness, nausea and sour vomiting.

Sepia affects mainly the liver; Sulphur, the stomach.

Sulphur has rumbling in the abdomen, while the complaints of Sepia prevail in the hypogastrium.

Sulphur has offensive flatus, obstructed stool or diarrhœa, and stools bloody, green, knotty, mucous, offensive,

scanty, with ascarides, lumbrici, tænia. In comparison with these Sepia has only the bloody stool in equal degree. Sulphur also has aggravation during stool and ineffectual urging to stool, and affections of the perineum.

Sepia gives dark urine, with reddish or bloody sediment; Sulphur, increased desire to urinate, flow of urine by drops, involuntary urine at night.

While they act equally on the female genitals, Sulphur has the same tendency to affect the male genitals, especially the penis; but Sepia is suited to discharge of prostatic fluid, and also acts mainly on the vagina and womb, causing labor-like pains; it is equally indicated in abortion. Both have late menses, but Sulphur also, delay of the first menses, and the periods short, scanty or suppressed. Sepia has a yellow leucorrhœa, which also attends many other complaints.

Sepia has a slimy nasal catarrh, and complaints attended with disordered respiration, but both have oppressed or quick respiration.

Both have cough; Sepia with expectoration, which is mostly at night or in the morning, and is purulent or saltish, while the expectoration of Sulphur is bloody.

Sulphur acts upon the external chest and nipples; Sepia equally on the scapulæ.

Sepia acts predominantly on the back of the hand; Sulphur on the fingers, but Sepia again on the finger joints.

Sepia causes symptoms of the legs; Sulphur, of the back and inner side of the thighs.

Sepia acts on the tendo achillis; Sulphur, on the sole of the foot.

Sulphur acts on the toes in general; Sepia, on the tips of the toes and in the production of corns.

Sepia symptoms are characteristically better or worse; those of Sulphur worse on awaking. Sepia is worse before sleep.

The Sulphur patient is worse from motion of the body; Sepia symptoms are worse from exertions of the mind. This is a distinction which has been to me of great practical value.

Sulphur symptoms are worse before or from suppression of the menses; those of Sepia are worse or occur after coition, menstruation or sexual excesses.

Aggravation after all eating, especially pork, belongs to the symptoms of Sepia; aggravation after taking milk is characteristic of both remedies.

Under Sulphur we find aggravation during or from suppression of sweat; under Sepia during fever and during and after sweat.

Under Sepia, worse from riding either in carriage or on horseback; under Sulphur, worse from running.

Under Sepia, worse when sitting; under Sulphur, worse on rising, and when standing.

Under Sulphur, worse during sleep; under Sepia, worse during the first sleep.

The Sepia patient is worse from getting wet; but symptoms for Sulphur are worse in the warmth of the bed.

It would be easy to draw many more comparisons from our rich records of these drugs, but I fear to weary you with more of what appeals so largely to the memory and so little to the other faculties. From neglecting to consult or consider these differences, many a mistake has no doubt been made, and the patient has missed his best help and the physician his truest pleasure.

I have sought to bring out the differences rather than the likenesses of these drugs. Of the likenesses, it has been said, that we have an almost confusing abundance in our repertories and Materia Medicas. In presenting these contrasts it is not implied that a symptom mentioned of one remedy is not found under the other, only that it is less likely to occur under the one not mentioned, and is further in the highest degree characteristic of the remedy to which it is ascribed.

COMPARATIVE.—The losses of property by fire in the United States last year were $120,000,000. During the same time there went up in the smoke of cigars, pipes and cigarettes $180,000,000, about half a million dollars daily.

BRIEF NOTES ON MATERIA MEDICA.*

J. E. WINANS, M. D., Lyons Farms, N. J.

APOCYNUM CANNABINUM

Is a remedy which should be borne more frequently in mind in cases of persistently slow pulse (50 to 60), in acute affections of men much addicted to smoking.

Last winter we had a young married man for a patient, who, to all outward appearances, was a strong and robust man. Was taken with pleuro-pneumonia of right side, and improved promptly under Bryonia, but suffered a relapse, so liable in pleurisy cases, and the pulse remained persistently slow for a long while after the other symptoms, cough, temperature, etc., were no longer of any moment. We were puzzled for a while how to account for this. The pulse was soft, full, remaining from 52 to 56 for many days; was not intermittent but somewhat variable, showing at times two or three beats more in a minute, or half minute, than it had just preceding. We questioned him as to his previous tobacco allowances, and found that it had been his habit to smoke an average of five to six cigars a day, and from two to three glasses of beer. Here, we thought, we had the clue. By referring to Tabacum, we found a slow, soft, variable pulse; as to beats, as low as 45 in one case, and 50 to 60 in another. This much then was explained. At the time, we were engaged in looking up cough symptoms for our "Time Table," and were led to the remedy in this way, through other symptoms. We found pulse to be just about this slow, and variable, under Apocynum can. which also met several other symptoms. By consulting symptom 40 in Allen's Materia Medica, we found starred: "Sense of oppression about epigastrium and chest, several times, so great that there was the greatest difficulty in getting breath enough to smoke a cigar," etc. (To those who may wish to investigate further, we would say look up Drs. Chapin's and Wanstall's provings, recorded in the appendix, Vol. X of Encyclopædia.) Other

*N. J. State Society.

symptoms indicative of the remedy, in our patient, were:

"Lowness of spirits" (like many other remedies).

"An *irresistable inclination to sigh* frequently."

Mouth very dry, on *awaking.*

Tongue coated *brownish-white*—never before met with under any remedy we were acquainted with.

Cough, with pain in lower anterior right chest extending upwards (at times) to clavicle, and with "expectoration of *white mucus.*"

Now, as to clinical application in future cases. We think enough has been given to make this remedy a prominent one in cases of the so-called "tobacco heart," as the result of excessive smoking. We know we were very glad of its aid in this instance. We gave Boericke and Tafel's 1000th potency and were well satisfied with it, as in fact we have always been with the action of their higher potencies, 200th and upwards.

In cases of hydrothorax, following pleurisy, or in cases of relapse after the previous exhibition of Bryonia, or in abuse or over-action of the same, it would be well to bear this remedy also in mind.

Likewise, in hæmorrhages from lungs or uterus, when attended by the characteristic tongue, or slow pulse, in connection with other concomitants, as above given.

It resembles Lycopodium in bloating of feet and ankles, and acts well as a complementary remedy, in incipient œdema of the lower extremities. Compare with Apis, Bry., Cainca, Oleum an., Colch., and Dig., principally.

LYCOPODIUM.

Speaking of the effects of tobacco, leads us to make a few observations, in this connection, upon Lycopodium as a remedy very frequently called for in tobacco chewers. Breyfogle's Epitome gives as one indication: "*Ulcers* in mouth, or on tongue, from tobacco." However that may be, we think it of enough importance to speak of it in other connections—the more especially as Bœnninghausen gives but one remedy for the ill-effects of tobacco-chewing, viz., Arsenicum. To this, we think, should at least be added

three very prominent remedies—Carbo veg., Lycopodium, and Nux vom., with, perhaps, Ipecac. in beginners.

Before proceeding to give Lycopodium indications, we would remark the widespread prevalence of hernia among tobacco-chewers, the general muscular laxity being especially prominent in the inguinal region. Allen gives: "feeling of powerlessness in the right groin," under Tabacum, but I am satisfied that its special local influence over the muscles immediately associated with the inguinal canal has been hitherto overlooked, perhaps unsuspected. Hering's Guiding Symptoms give indications, by way of clinical verification of this local affinity of Tabacum for these parts, for its administration in case of strangulated hernia, but we will not here transcribe them. Suffice it to say that our attention has been called so forcibly to the prevalence of hernia among tobacco-chewers, and also the even more frequent indication of Lycopodium than of Nux vom. in the troubles of such patients, that we felt impelled to call the attention of members of our State Society to this clinical observation which we have verified.

The dyspepsia of tobacco users are such as call most frequently for the three remedies previously named—viz., Carbo veg., Lycopodium and Nux vom. We will distinguish them briefly as follows:

Nux vom. seems more adapted in such cases wherein the patients are also "high livers" and drinkers, use strong coffee, have constipation with hemorrhoids, etc., and are much given to mental work. The dyspepsia is mainly gastric, with pains in stomach directly after eating, or even while eating, and succeeded, later, by heart-burn, water-brash, and sour or bitter eructations, the flatulence due to this indigestion pressing upwards upon the thorax.

The Carbo veg. dyspepsia seems to begin where Nux vom. leaves off, and to occupy an intermediate abdominal sphere between Nux vom. and Lycopodium. The dyspepsia is especially apt to be induced, or aggravated, by butter, and fatty foods in general, pastry, etc., etc. The flatulence is usually confined to the stomach and upper bowels, but, here it is not infrequently quite excessive,

causing at times much painful distress as well as annoyance from belching, etc.

Carbo veg. patients are also apt to be worse in warm, sultry weather (like Belladonna), and are especially found among such as are sufferers from albuminuria, from one or another cause, and in such as have been previously overdosed by Arsenicum. The distress pressure is more apt to be located on the left side of abdomen and back, so that patient can not sit or lie well; feels most comfortable leaning backwards with a pillow under the part of back and side complained of.

Lycopodium patients are mentally active, and frequently more than ordinarily intelligent, but *much given to irritability, imperious, scolding, dictatorial, hard to please,* and given to discrediting the value of any and every therapeutic agency employed for their relief.

The tongue is usually but slightly coated, moist, and slightly tremulous. Especially frequent is a very slight *light-grey* coating upon the tongue, which we have not found under any other remedy. It is a purely clinical observation, so far as we know. The flatulence is mostly in the lower bowels, and accompanied by a sensation of fullness in stomach and abdomen after eating a few mouthfuls. Patient, though feeling hungry on sitting down, can often make but a moderate meal, and must desist.

Other symptoms of Lycopodium we would call attention to, are the dryness of the palms of hands, in fever, and its adaptation to delicately organized patients in general.

But, before leaving, we must again recur to its use in tobacco-chewers. We find the following in Allen, under Tabacum, Symptom 1116: "Convulsions, the head firmly drawn back, with rigidity of the muscles of the posterior part of the neck; there were *constantly recurring* rigid *tetanic spasms,* the muscles of the back being principally affected, till death, a week after he chewed the tobacco." We have verified this effect of tobacco, only our patient did not die. He had clonic, opisthotonic spasms, closely simulating cerebro-spinal meningitis, which, in fact, we believe it really was—only, in this case, induced by exces-

sive tobacco-chewing. Lycopodium cm. and mm. with sinapisms to spine (made with white of eggs instead of water, to avoid blistering), brought this case through nicely and speedily. The medicine was repeated after each tetanic spasm, as recommended by Dr. H. N. Guernsey, in his work on obstetrics, under head of Cerebro-spinal Meningitis. To those extremists in our ranks who may feel inclined to criticise the use of any local adjuvants, we would say that we have never yet seen any ill-effects from this course while, on the other hand, we have never failed (as yet) to promptly cure such few cases of this comparatively rare affection as we have hitherto met with, by this procedure in conjunction with the homœopathic remedy internally, and what more can we ask?

Some one, I think at last year's meeting of the I. H. A. at Saratoga, spoke of Silicea, as a remedy frequently disappointing him in bone diseases, when given *high*. This leads me to remark that I think a close analysis of many of these cases would show them to have been those simulating certain Silicea indications perhaps, but where the *totality of symptoms* would have pointed out some other remedy, such as Calcarea carb., Calcarea phos., Lycopodium, and Phosphorus more especially.

Two points of similarity, as given in our books, we will here notice; they are symptoms ascribed to Silicea, where we judge Lycopodium to be as often called for, perhaps as a complementary remedy. (!)

Bell, in his monograph on diarrhœa, in his closing remarks under Silicea, says: "The forehead is also often *cold*, but *becomes warm if lightly covered*, which is a very marked symptom of Silicea." However that may be, all we can say is that we noted this very condition once in a case of congestive chill, in an infant, calling for Lycopodium. While speaking of this, do not forget Lycopodium in pernicious intermittents, with a long-lasting chill coming on at 9 A. M., and finally passing off *without subsequent heat, or sweat.* It may prove invaluable.

Another is the symptom, *aggravation from nursing* during the period of recovery from confinement. Hering

gives: "The mother complains every time she puts child to breast; pure blood flows every time child nurses." We recently had just such a case, where Silicea signally failed to relieve this condition. We were absent from home for two or three days thereafter, and, on returning, learned that our patient had had a hard chill at 9 A. M. the day after we saw her last, but that the powders (Silicea) had not seemed to affect those uterine pains, etc., from nursing, in the slightest. Taking into consideration that the day in question was cold and rainy, and that Lycopodium had some years ago carried the patient nicely through a severe attack of pleuro-pneumonia, we have no doubt that it, if given instead of the Silicea, would have met the whole case completely. As we could not follow up the case, we can only speculate in the matter, but thought by referring to it, perhaps some member might be able to verify our conclusions at some future time.

It seems even more often called for than Dulcamara in case of infants who become worse from a sudden accession of cold, damp weather.

A peculiar and characteristic Lycopodium indication is *odorless stools of green, stringy mucus.* In general, Lycopodium most resembles Bryonia, and probably follows it oftener than any other one remedy.

OLEUM ANIMALE.

With this remedy we will conclude. In the August number of the *Homœopathic Physician* we noticed a condensed symptomatology of this somewhat peculiar and complex, we might say multiplex, remedy, by Dr. Julius Schmitt, of Rochester, N. Y. This led us to add some clinical verifications, not otherwise to be noticed, perhaps. We are led to do so, moreover, by reason of its being suggested by observations under Apocynum cann. with relation to *slow pulse*, in adults. Pulse is givin as 55, 60, and 65. We have verified the lowest pulse here given in a case of bilious fever, some years ago, in a rather fleshy old lady. Bryonia did well at first, but, when the temperature was reduced, new symptoms appeared. We give the leading ones,

which led us to give Oleum animale. Together with the unusually slow pulse (55, or thereabouts), the patient had the *desire* for *soft-boiled eggs* (like Calcarea carb.), and an "itching of the left lower lid, at 7:30 P. M." The eye symptoms of this remedy are said to be improved from rubbing, but we do not remember it in this particular case. For mental concomitants, we had: "*Sad mood*, morose; nothing delights her. She was absorbed in herself, sad, and spoke little." This was followed by a jaundiced condition which, in some respects, was so peculiar we will mention it by giving the succeeding remedy.

SEPIA.

This remedy was Sepia, the patient among other things having a *thirst upon awaking*, in the morning. (Apocynum cann. we have seen to have *dryness of mouth*, but may or may not have thirst, accompanying.) Along with the *blood-red urine*, common also to Berberis vul., Bryonia and Hepar sulph., the jaundiced appearance of this patient was quite unique. While we failed to note yellowness of conjunctiva, the palms of hands were very markedly discolored, a deep, dark-yellow. Perhaps the conjunctiva might have taken on its characteristic discoloration later on, had the disease been left to itself, but it did not—at least not enough to be readily recognized.

Chelidonium is the only other remedy we find having "yellowness of palms," and we here call attention to it as a clinical observation in each instance, not to be found in the Materia Medica.

Sepia promises to be a leading homœopathic remedy in jaundiced conditions, as we had occasion to prescribe it to another member of the family just afterwards, where the patient had *periodical, occipital headache, coming on at midnight*—in other respects quite resembling a Eupatorium perfol. headache. This case was more stubborn, but finally yielded to Aurum as the succeeding remedy, which cured the case.

NITRO-MURIATIC ACID. (AQ. REGIA.)

Here we have a remedy long and familiarly known, and yet of whose clinical application we as yet know almost

nothing. Its effects seem to incline more towards those of its hydrochloric partner. We were led to look it up in one case of bilious fever, following Alumen, by reason of the patient complaining of *a burning in the roof of the mouth.*

Allen, in his Materia Medica (Index), gives this as the only remedy. Upon turning to Symptom 26 [Generalities], we found, as effects from the 30th potency: "Very much worn out by much hard study and little exercise; felt mentally and physically depressed, as I did previous to having typhoid fever; felt very weak after moderate exercise in gymnasium," etc.

Then turning to Vol. X [Appendix], we found, as results following bathing in acidulated baths for four successive days: "Since yesterday have felt some pain in my throat, seeming to follow the course of œsophagus. Throughout this forenoon, I had a *sense of burning over the roof of my mouth* and down the gullet, like that arising from having chewed an acrid vegetable substance."

The next day, mouth somewhat painful, although not ulcerated.

"Four days later, effects still felt in mouth, pulse quicker than usual, and some degree of languor, the weather being very hot. A month later, the prover records that the effects upon his mouth and pulse remained for a fortnight after leaving off the bath. At length little specks or small ulcerations, extending no deeper than the cuticle, are seen on the interior surface of the mouth and over the tongue, so that some degree of excoriation or rawness is produced. This is attended by considerable ptyalism, with an increased feeling of lowness or depression." (The symptoms here clinically verified, and italicised, should be likewise either starred or italicised by all possessors of Allen's Materia Medica.)

"The *excoriation* from this acid *never reaches deeper than the cuticle;* it *never gives rise to fetid ulcerations* of any kind, nor does it produce any offensive smell in the mouth or of the breath. The excoriations in the mouth generally disappear in a day or two, if the remedy be dis-

continued," etc. The salivary secretion seems to be poured forth, and suspended by turns, at varying intervals.

Now to our patient more particularly. The vesicles upon the tongue, preceding epithelial desquamation, were more especially seen upon the *left side*, of a dry, yellowish-coated tongue—such as we not infrequently meet with in cases of pneumonia. Nitro-muriatic acid 30th and then 60th (of our own potentizing) was administered, and was possibly repeated too frequently. It was followed by an irregular pulse, *intermitting* every *fourth beat*, showing the predominance of Nitric acid effects. (Muriatic acid has intermission with every third beat; Nitric acid and Nux vom. every fourth or fifth.) The tongue felt swollen, (Bapt. Petrol.) and there was a feeling of *weakness* and "goneness" at the pit of stomach, with an *aching extending thence to the spine.* These latter symptoms led us to decide upon Baptisia as the remedy to succeed Nitro-mur. acid, and marked improvement set in promptly thereupon. As to Nitro-muriatic acid symptomatology again, the mouth symptoms cited seem sufficiently analogous to those from Arum triphyllum, as to suggest it in cases of poisoning from the latter, as a possible antidote.

It may perhaps be found serviceable likewise in following the latter remedy, in cases of remaining debility after malignant scarlatina or diphtheria, where Arum tri. has been previously indicated. It may possibly be antidotal also to Alumen, which it followed in the case above narrated, and be itself, in turn, antidoted also by Baptisia (?).

Other of its symptoms (provings), are "fluttering of the heart while eating dinner," upon two successive days. (Sepia has palpitation, excited *after* eating.) After fifteen minutes at dinner, the prover "started for the cars;" was late, and so "had to run part of the way, but after running slowly half a square, was taken with fluttering of the heart, obliging him to walk." Soon after the fluttering of the heart, ptyalism set in, with rapid secretion of saliva for a few minutes, then gradually decreasing—for about one hour, in all. This might suggest its application to persons travelling, with but a few minutes for "lunch" at the rail-

way eating houses, or when obliged to leave their own homes, after hasty eating, in order to take a train. (Naja tri. has bad feelings, from quite a similar state of affairs.)

Symptoms of stool, are desire with ineffectual urging, by reason of constriction of sphincter ani. This, again, is traceable to its Nitric acid constituent, and would doubtless be antidoted by either Alumina or Nux vom., which have similar conditions.

Under "respiratory organs" we find the fumes to have produced serious inflammation of larynx and bronchial tubes. Other symptoms are "pain in right side of back while taking a cold bath;" slowness of digestion, especially of bread or bread and milk. (Compare Arg. nit., Bry., Merc., Nit. ac., Nux m., Sepia and Zinc.)

Symptoms mostly present or aggravated in the afternoon and evening. "Sleepy, with headache, at 1 P. M., worse at 4 P. M., but continuing until retiring rather late at night. (11 P. M.) Likewise chilliness at 1 P. M., while sitting by the stove, reading, beginning at a line drawn around chest and arms at about the level of the diaphragm and passing upwards to vertex. Other effects arising from positions of body, are "contractions of pharynx, while writing at a low table," and "a languid aching through hips, anterior of thighs, and small of back, from having rested arms upon the thighs."

FOR MEDDLING.—The following is related by the *Medical Record*, Dr. W. J. Cruikshank recovered a $1,600 verdict, in his suit for $50,000 damages, against William Gordon, the trial for which was brought in the Supreme Court in Brooklyn, N. Y. The doctor asserted that Mr. Gordon went to the mother of a child he was attending, and urged her to secure another physician without delay, as, in his opinion, Dr. Cruikshank had not the skill necessary to attend a sick dog. There are few physicians who do not suffer at times from the class of meddlers to whom Gordon belongs. If a few more of these people were held to account there would be less interference with the work of the physician.—*Maryland Medical Journal.*

CLINICAL MEDICINE.

THERAPEUTICS OF DIPHTHERIA.*

SAMUEL L. EATON, M. D., East Orange, N. J.

It is with great diffidence that I undertake to read an essay before this society, nearly all of whose members have had an incomparably wider experience than I. For this reason I have selected a common subject, for there are few so inexperienced as not to have seen some cases of diphtheria. But, though common, the theme is certainly not a trivial one, nor is it sufficiently hackneyed to secure a neglect of its study. Like debt and taxes, the social evil and original sin, diphtheria is something with which we are called upon to grapple with our most strenuous exertions, a plague which will continue to harrass mankind until the end of time.

But the subject is entirely too large for one brief essay, and I shall confine myself to one branch, viz., the Therapeutics of Diphtheria.

My remarks upon this naturally range themselves under three heads:

First.—Constitutional treatment;

Second.—Local treatment;

Third.—Stimulation.

I take it for granted that we all believe that diphtheria is a constitutional disease with a local manifestation. Naturally, then, our first duty is to affiliate a remedy. How shall this be done? Shall we ignore the diagnosis, deny the existence of an entity in disease, and proceed to hunt up a remedy by the assistance of a repertory? I do not think that the best way; and yet I believe the symptomatology to be the only basis for a prescription. Even with the strictest Homœopathist, the diagnosis should be something more than ornamental, and have a use beyond furnishing the basis for a prognosis.

By means of the diagnosis we are able to restrict our

* N. J. State Society.

initial search for a remedy to a comparatively limited space, instead of attempting to survey the whole field at once. To illustrate: Toward the close of a busy day I am attacked by a variety of symptoms, mental and physical; there is a slight headache, the power of close continued thought seems much impaired, an irritability of temper manifests itself, I cannot walk with my accustomed elasticity, there is a peculiar sinking sensation at the epigastrium. Before looking further for symptoms, I make out a diagnosis, which is *hunger;* the bill of fare at the nearest restaurant provides a class of remedies from which to select, and their exhibition usually causes the symptoms to disappear together. But should the headache remain, or the irritability remain, or any of the other symptoms persist, then it will be time to view the field with a more comprehensive glance, and employ a "symptom register."

A little work by Dr. Gregg, of Buffalo, has been ridiculed by many since its appearance five years ago, and has been the foot-ball of critics and reviewers from all quarters. Wit and malice would seem to have been exhausted years ago, but still the writers in our medical journals must have a shy at the "wild theories" of Dr. Gregg.

Well, Dr. Gregg's classification of the remedies to be used in diphtheria seems to me anything but "wild." You will remember that he divides the remedies into three classes. The first class includes only Lachesis and Lycopodium. The second class is larger: Apis, Arum, Belladonna, Bryonia, Kali bichromicum, Lac caninum, Mercury, and Phytolacca. The third class includes Aconite, Arsenicum, Bromium, Cantharis, Lacnanthes, and Sulphur. I shall not weary you with a recital of the guiding symptoms for each of these remedies; but I desire to add my testimony to the very large number of cases that can be cured by one of the remedies of the first class, viz., by Lachesis or by Lycopodium, according as the disease commences on the left or on the right side.

Next to these the remedy which I have found most useful has been the Mercurius protoiodide (for which a leading indication is the thick yellow coating of the tongue toward the base).

Bichromate of Potash sometimes does grand service where croupal symptoms intervene. One day last spring I was called to see a case of diphtheria in a young woman who had been ill several days before calling a doctor. The disease had taken a firm hold, and there was marked prostration. Inspection of the fauces showed the heaviest membrane to be on the left tonsil. The patient, however, was positive that the right tonsil first began to be sore. Further inquiry revealed the fact of a flatulent condition of the bowels. Also red sand in the urine, and the patient always felt worse during the latter part of the afternoon. Of course there was no doubt of the remedy. I gave it in repeated doses for twenty-four hours; then stopped all medication, and she made a rapid recovery. There was nothing singular about that case except its startling clearness. But why was it that she had red sand in the urine? And why should a diphtheria commencing on the right side be aggravated from 4 to 8 P. M. any more than one commencing on the left side? These things are a great mystery. What is sometimes called the *picture* of a drug is sometimes as startling as the handwriting on the wall.

I recently prescribed Lachesis for a case of diphtheria commencing on the left side, and found no improvement whatever at the end of twenty-four hours. This was not surprising, for, although the leading indication for Lachesis in this disease was present, other important symptoms, such as great fetor of the breath, aggravation after sleeping, and intolerance of the pressure of clothing about the throat, were wanting. I noticed that the color of the fauces, where not covered by the membrane, was a bright scarlet, and prescribed accordingly. On my next visit the patient asked me, in an injured tone, why I gave her Belladonna. To my inquiry as to why she thought that the remedy, she replied that it gave her such a terrible headache, as was always the case. I apologized for my ignorance of her idiosyncrasy, but was well pleased with the result, the throat showing extraordinary improvement for that length of time. This case was interesting to me as

illustrating the power of a high potency, the aggravation being caused by a so-called 40m.

The subject of local treatment to the throat is a vexed one. My own opinion is decidedly opposed to it, and it is the result of observations as well as of *a priori* reasoning. If the disease is a constitutional one, why attack the local manifestations? It seems to me that such treatment is exactly analogous to cauterizing a syphilitic chancre. Dr. Gregg, the author mentioned above, argues against the use of sprays, gargles, etc., because they increase the action of the mucous surfaces, thereby causing a loss of albumen, and thus increasing the excess of fibrin in the blood, which must be gotten rid of by means of the diphtheritic exudation. This theory does not commend itself to my judgment. When, however, he goes on to express the fear that by suppressing the exudation on the fauces, the fibrin may be deposited on some vital internal organ, with fatal result, there seems just ground for such apprehension; nor can we doubt that he is correct in supposing that the nervous shock of the spray and the gargle will do much to increase the tendency to a paralysis of the muscles of deglutition. During my undergraduate days I was in the office of a successful practitioner, and closely observed his treatment of this disease. He made frequent use of gargles, usually some form of potash. Subsequently I spent a year with a member of this society, whose success is known of all men, and who never employs a gargle or any other local treatment to the throat. Thus I was enabled to institute comparisons, not invidious, I hope, but salutary. My conclusions were very strongly against local treatment.

I hope that I do not appear over-confident in the use of the methods advocated; nor do I claim the ability to cure all cases intrusted to me. That would be monstrous assurance in the face of a disease which sometimes baffles the most skillful. There lies heavy on my heart to-day the case of a lovely little boy, eight years old, lost within the past year. This seemed a perfectly plain case. The first day gave Lachesis; the next day he was much better, and gave no medicine; on the third day the membrane had entirely dis-

appeared: continued the placebo. On the fourth day he was still feeling first-rate, and the throat continued clear. The breath was still slightly offensive, the base of the tongue coated, and he received one dose of the Mercurius protoiodide. On the morning of the fifth day unmistakable croupal symptoms supervened, and Kali bichromicum was administered. By evening he was worse, and I asked for counsel. A physician of wide experience was called, who expressed the opinion that there was a fair chance of saving him, but that it would be necessary to fight it out "hammer and tongs." We proceeded to fight it out on that line. Extensive use was made of the vapors arising from slaking quicklime, which seemed to afford some little relief. Chlorinated lime was also used in a steam atomizer. Iodine was used externally and internally. Bromine ditto. Cloths wrung out of hot water were applied to the outside of the throat. Kali bichromicum was administered in doses strong enough to produce emesis. The nutrition was carefully attended to, and devoted parents carried out all instructions implicitly. The little fellow's breathing became more and more labored, and after a five days' fight death closed the struggle. On the day when he was committed to the grave, with all the ceremonies of the church of Rome, I buried the "hammer and the tongs" without benefit of clergy.

The question of the use of stimulants was for a long time debated in my own mind; but my convictions have settled to the conclusion that they are indispensable in some cases. The argument about the folly of spurring a jaded horse is familiar to all of us; but there are circumstances when I would spur him with hearty good will. Suppose that I were riding along a country lane, while my charger's drooping head betokened the weariness of a hard day's work; suppose a mad bull appeared on the scene. If a vigorous application of the spur could induce my horse to clear the fence, his life might be thereby saved. It is true that the subsequent exhaustion would be greater than if I had led him around by the gate; but there was no time for that gentle measure. We are all

familiar with the astonishing stories told of the use of whiskey in cases of poisoning by snake bites. Yet modern chemistry has demonstrated that the serpent poisons are not antidoted by alcohol. Therefore we are forced to the conclusion that in such cases the alcohol simply sustains the vital forces until nature has accomplished the process of eliminating the poison. I believe that it is sometimes possible to save a victim of the diphtheritic poison on the same principle. I have seen a child who was apparently moribund, extremities cold, and the radial pulse imperceptible, revived by the liberal use of champagne, which was continued in large quantities for several days until nature had had time to cast off the poison and resume its functions without adventitious aid. I do not advise the use of stimulants in ordinary cases, because they render convalescence more difficult and protracted; but they constitute in extremities an aid which should not be neglected.

A PECULIAR CASE.

A. L. WALTZ, M. D., Collinwood, O.

Mr. J. H. W——, an Englishman by birth, came to this country when two years old. He has been a "railroad man" for nearly seventeen years. In May, 1883, he was taken with a fever, which an old school physician pronounced malarial. He was sick about a month. Since this fever he never fully recovered his strength, and soon after began to complain of a weakness in his back, and would avoid lifting any weight whatever. In September he carelessly stepped into a hole which hurt his back severely, causing him to fall to the ground in an unconscious condition. Since then has always been in fear of severe jars, from which he suffered excruciating pain, and was given relief by administering opiates.

At this juncture he consulted an old school physician, who ordered him to bed and pronounced his disease inflammation of the spine. Previous to this a number of old school physicians examined him, but were not able to diag-

nose the trouble. The sorest spot was in the lower part of the right hypochondriac region. He was compelled to walk with his body leaning to the right. After he went to bed the pain gradually left him, but was compelled to take opiates in order to sleep. His stomach now gave out, as a result of the drugging. The treatment at this time was blistering the whole length of the spine with the usual allopathic internal treatment. Was confined to his bed four months. His physician advised him to have an apparatus made that would transfer the weight of the body from the spine to the hip, which he did.

Just a week before he put on his apparatus to get up, a peculiar feature of his disease began, which to the present time has never left him. About three o'clock in the morning he awoke suddenly with a terrible thirst, drinking large quantities of water. He supposed he had quite an internal fever, and consulted his physician for it, who examined him thoroughly and found that he had diabetes insipidus. His urine was examined at this time and was found to be as clear as glass. There never was any sugar found in his urine. The amount of urine passed in twenty-four hours, for twenty-six days, was from nine quarts as a minimum to fifteen quarts and one pint as a maximum.

This same amount of urine is still kept up, and the specific gravity has never changed—always 1000. He never could bring on a prespiration, either by exercise or by drinking hot drinks, but instead would produce a terrible prickling feeling, especially in the face, which would compel him to get in the open air and rub his face violently. This man is at present a flagman on the L. S. & M. S. Railway, and is feeling some better. He has always felt better when he has taken no medicine of any kind. In all this time he has employed six allopathic and two homœopathic physicians, and has received no benefit. To all appearances he is a strong, healthy man. He is troubled now at times with a severe headache at the base of the brain, which Nux vomica 3x relieves in a short time. Taking the case all in all it seems as though the patient ought to receive help from some carefully selected homœopathic

remedy. I do not know what remedies he received from the other Homœopaths, but I have confidence enough in them to know that, from the time they had to study the case, they made good prescriptions. He has been sick now for four years, and is no worse. In some respects he is considerably better. His spine has improved, but neither the amount of water he drinks nor the urine he voids, has decreased. Neither sugar nor albumen has ever been found. He is cheerful and works every day. I never have treated the case myself only for complications that arise from time to time. I would gladly receive any suggestion that anyone might give.

[Look for the cause in the suppression, by quinine, of the original fever; and the remedy will be found in the characteristic symptoms of the original attack, before its suppression.—Ed.]

CURES BY DR. PRÖLL.

Translated by A. McNeil, M. D., from *Alg. Hom. Zeitung.*

Displaced Uterus: *Sepia.*—A hard working woman of 34 has suffered for years from gastric complaints and weakness of the legs, so that after many attempts with both internal and external treatment she became so reduced in strength that she can scarcely walk or stand, so that she was brought to me in a rolling chair. She is a brunette, large in stature, has given birth to and nursed two daughters. After her confinements, owing to extreme poverty, she must get up on the fourth day and attend to her household duties. *Her face pale with several yellowish-brown spots; tongue normal; appetite almost entirely absent; sour stomach; pulsation in the epigastric region;* digestion very poor; abdomen hard and enlarged; bowels almost always constipated—only regular during her periods; menses irregular, too late, too scanty; *urine often and little at a time,* often cloudy with yellowish clouds or red sediment; acrid leucorrhœa; legs objectively natural, as well as the hip and knee joints, and yet she can walk a few steps only, with difficulty.

I diagnosed prolapsus and flexion of the uterus, caused by her enforced too early getting up after her confinements; and I considered the displacement to be the cause of the disorders of the stomach and digestive organs (particularly on account of her clean tongue), and also the constipation, as I have always observed that when the stool is regular only during the menses, or even too frequent then, that the cause of the constipation is to be fouud in displacement of the uterus.

I gave her Sepia, 3d trit., twice a day, guided by the symptoms which I have designated by italics. The result which followed quickly confirmed the correctness of the selection, as two days after, the stool began to be regular; and after Sepia, 6th potency, the gastric complaints, which for years had resisted all treatment, were considerably improved; and after Sepia 10x entirely disappeared. Even the weakness of the legs, which I traced to the pressure of the displaced uterus, disappeared gradually, and now, after some months, the highly rejoicing patient declares herself entirely well.

In many other cases I obtained the same result, *i. e.*, decrease or cure of the complaints of the stomach and digestion as well as the constipation with Graphites, 6th or 10th potency, in women and girls in whom I could find no prolapsus or flexion of the uterus; in whom the following symptoms guided my choice: itching of the skin; soreness of the nostrils, the angle of the mouth and between the legs; redness of the nose; heavy coating of the tongue; rancid heartburn; bloated abdomen; frequent passage of flatus; scanty or very hard stool; burning in the anus; delayed or suppressed menses; burning leucorrhœa; great mental irritability, and easily frightened.

I often give nothing but Graphites 5x, morning and evening, for half a month.

Dr. G. S. Norton, of New York, read a paper at the recent International Congress, on "The Relative Importance of Small Degrees of Astigmatism as a Cause of Headache and Asthenopia."

A CASE OF TRIGGER JOINT.—SULPHUR.*

PHOEBE D. BROWN, M. D., Hilton, N. J.

Doight à ressort is the name given by Nélaton to a peculiar inhibition of motion occurring in fingers otherwise normal.

Pathologists differ as to the nature of this affection, some considering it of a surgical nature, while others class it among the neuroses. But, nearly all authors agree upon the existence of a nodosity in the course of the tendon, at some distance from the articulation, in which the arrest of motion takes place. Various experiments have been made upon the cadaver, and the results lead to the conclusion that a thickening of the tendon, accompanied by a constriction of the sheath, is essential to the production of this phenomenon.

The ætiology in most cases is found in rheumatism; next in frequency is traumatism; while some cases appear without any known cause. Women are more subject than men. The thumb and ring finger are most frequently affected.

The case to which I call your attention was of five months' standing; was treated homœopathically and cured by the use of the indicated homœopathic remedy alone.

In April, 1886, a lady, aged 56, applied to me for relief from a painful and peculiar arrest of motion in her right thumb. She could flex the thumb voluntarily and without pain, but on attempting to extend it the segments of bone became arrested in their movement upon each other and she could not, without the help of the other hand, overcome this arrest of motion, and fully extend the thumb. The extension always caused severe pain, and so great was her dread of this that she would go about with her thumb flexed for hours rather than endure the suffering of extending it. It was also accompanied by a short, sharp snapping sound which could be heard across my office. She located the pain in the interphalangeal joint, but on

* N. J. State Hom. Med. Society.

examination the only point sensitive to pressure was the metacarpo-phalangeal articulation.

The history of the case was as follows: She had had vague rheumatic pains in her hands for four or five years, but no severe or acute attack. Both hands were stiff, and the flexor muscles contracted so that she could not extend fully any finger of either hand. She suffered great pain at times, especially in the fingers and palm of left hand. There was no other abnormal appearance, neither did she complain of rheumatic pains in any other part of her body. She suffered from a dull, heavy pain in forehead (over eyes) when she awoke in the morning; this came on daily and usually disappeared during the forenoon. Also from a long continued habitual constipation, for which she had taken the usual list of cathartics, with the usual temporary relief and permanent injury. Her complexion was sallow. Mentally she was discouraged and anxious, as she was obliged to earn her living by manual labor, and it was because of her inability to do this that she sought help from me.

I left my diagnosis blank, prescribed Sulphur and forbid all lotions, poultices, cathartics, etc,, etc.

The following week, reports less pain in hands. Constipation same, less headache; sleeps much better. Placebo.

Twelve days later: Less severe and less frequent pain in hands. Complexion clearer, and movement from bowels every other day. Continued placebo.

Two weeks later: Not improved since last call. Sulphur.

Three weeks later: Bowels more regular than they have been in five years; headache gone; hands do not feel so stiff, and can extend the thumb without the aid of the other hand; though attended with pain, feels better every way, and begins to think that there must be power in the sugar pellets.

Two weeks later: A little more than eight weeks from beginning of treatment, can extend thumb easily and without pain or sudden quick movement, and no snap while extending. There is tenderness on pressure, but no actual pain. The fingers are not entirely free from stiffness, but

she can work without suffering, earning her own living by performing all the duties included in general housework. Complexion clear, headache gone, and no constipation unless imprudent in diet. It is now one year since the cure and there has been no return of the symptoms, and when I meet her she is so anxious to give a demonstration of the efficacy of sugar medicine that my hands ache instead of hers.

REPORTS OF CURES, FROM WHICH WE LEARN NOTHING.

S. LILIENTHAL, M. D., San Francisco, Cal.

1. Dr. Hansen, of Copenhagen, reports a case of ischias, where the pain was diminished by continued motion, but increased at the beginning of motion. After the failure of Rhus-tox, Lycopodium 30 cured the patient.

Is Lycopodium the only drug which has as a characteristic symptom, pain diminished by continued motion, though increased at first when moving about? Do we not find the same symptom under Rhus, where Dunham teaches, these *rheumatic* symptoms come on with severity during repose, and increase as long as the patient keeps quiet, until they *compel him to move.* Now, on first attempting to move, he finds himself very stiff, and the first movement is exceedingly painful. By continuing to move the stiffness is relieved, but by continued motion the *paralytic* symptoms interpose their exhausting protest, and the patient enjoys the grateful rest, till the pains come on again and the patient is forced to move again as before.

Slow and enfeebled primary and secondary digestion is the character of Lycopodium, hence waterbrash, heartburn, the production of flatus in the intestines, stools thin, brown, *liquid,* or pale fecal, mixed with hard lumps; constant sensation as if the bowels were loaded, with torpor of bowels. It will be far more indicated in chronic cases of ischias, with complete intermissions. There are no more difficult cases of loose stools to heal than where the liquid

drains off and leaves the fecal matter to harden or by its pressure on the sciatic plexus produces the sciatica. Continued motion moves the fecal matter, and thus gives relief for the time being. Dr. Hansen forgets the necessity of the totality of symptoms, and thus his case loses its value.

2. Dr. Glotz, of Ulm, reports a case of ichthyosis cornea cured by Phosphorus and Arsenicum in alternation. A young woman of 23 years, in good health and strength consulted the doctor on account of a congenital horny eruption in the nasal region, upper lip, eyelids and especially on the extensor side of the knees and feet. Upper lip and nose were greatly swollen, covered with thin whitish scales, the scales at the margin of the eyelids were somewhat more compact. At the extremities the scales were larger, rather of a bluish color and could be pulled out without causing any great pain. She took for a whole month Arsenicum and Phosphorus in alternation, and her face was now free from swelling and scales. Continuation of the same treatment cured her entirely. She had been treated before from other physicians with Graphites, Clematis, Hepar, etc., without the least benefit.

Ichthyosis consists in an excessive proliferation of the cells of the epidermis, together with more or less hypertrophy of the papillæ of the corium; there is diminution or total absence of perspiration from faulty development or early atrophy of the sudoriferous glands. Treatment of the old school is merely palliative, mostly hydropathic packs, though Jaborandi and Ustilago are put down as having greatly ameliorated such cases.

Teste in his Materia Medica, p. 257, groups togethe Silicea, Calcarea ost, Graphites, Phosphorus and Hepar. In all these drugs we find more or less capillary engorgement and diminution of the vital heat and action; red papulous blotches on the skin, especially on the sides of the head, on the face, on the back, chest, and we see that Graphites and Hepar failed, while Phosphorus and Arsenicum succeeded. Kafka (Hom. Therapie. II. 481) recommends Phosphorus internally and externally, as in acne indurata, as the remedy possessing the nearest physiological

relations to indurations and hypertrophy of the skin. Just as Glotz used Arsenicum as an adjuvant to the Phosphorus, so Hughes in his Pharmacodynamics relates a case where Thuja was the adjuvant to Phosphorus. Would it not be well, as in most cases we deal with persons otherwise in good health, to go a good deal above the 30th potency and tincture? Whether in those nearly congenital cases in children Arsenicum may not sometimes touch the palm, cannot be denied, but Graphites, Hepar and Calcarea suit far more cases of moist skin troubles, than where scales prevail which can be taken off without much effort. Tuberculosis may follow the eradication of these outward manifestations, and we are pleased to see even in the old school, high authorities for constitutional treatment, for how could the acarus, bacillus, or anything else find entrance, if the soil were not ready to receive it. We owe thanks to Semmola, of Naples, who fearlessly attacked the bacillomania.

Let us study a case now which shows how a report ought to be made. Dr. Mossa (Hom. Monatsblatter) relates: A woman of 29 years, sanguine temperament, her face slightly flushed, complained for the last five years, after drinking some cold water when overheated, of loss of appetite, disgust for milk, nausea *after eating, vomiting of food;* the *vomited matter is so acid* that it chills the teeth. She cannot digest anything sour, nor herrings; meat or coffee with cake sits heavy on the stomach. She sometimes vomits in the morning on an empty stomach, but mostly *after eating; headache,* a hammering in frontal and temporal region, formerly most on the left, now more on the right side, of such severity that she fears an apoplectic stroke. *Copious menses,* every three weeks, with sensation of pressure in abdomen and small of back, bowels regular, *sleep restless, disturbed by anxious dreams,* feels not refreshed in the morning, anxiety in the evening, so that she has to loosen her clothes, cannot bear anything tight; pulse 100. Never had chlorosis, and always enjoyed good health. In spite of five years ailing she is not emaciated. *R. Ferri Phos.* 6th trit., thrice daily before meals, a small powder. In two

weeks she was a changed woman, considered herself well, but for precaution sake she was advised to take a powder yet once and a while. The vomiting of food after eating and the acid fermentation of the food are characteristic of Ferrum and cures will follow just as well with a higher potency.

Here again we must differentiate the preparations of iron: thus Ferrum phos has painless vomiting of food; Ferrum aceticum especially vomiting before midnight, most violent when lying on one side, and everything vomited tastes sour and acid, in fact all ferric preparations give us abdominal atony, a kind of flatulent dyspepsia from fermentation. We must compare here Pulsatilla, Veratrum alb. second Kreasote, Sulphur. Robinia pseudo-acacia has also this acid dyspepsia, but it has not the vomiting after food.

HOW TO GET RICH.

[Very few, especially professional men, realize the astounding fact verified by abundant statistics, that over 90 per cent. of business and professional men—the exact figures in England, France and Germany are 93 or 94 per cent., and in America 94 or 95 per cent—not only fail to realize a competence, but die insolvent. These are hard facts; and a life of professional toil would seem to deserve a better reward. The great drawback, however, is over-anxiety to become wealthy, and this national passion leads the professional man to that certain goal of disappointment and failure, *speculation*. He is not satisfied with the slow but sure method—the natural method—of accumulation, but is induced to dabble in stocks, in mining, grain, oil, "puts and calls," to invest in a joint stock company, or something else of which he knows nothing, etc., etc.; to trust some one to handle and invest his money with the usual result, that he obtains the experience and the other fellow the money. Now, this plan proposed by General Butler is just as applicable to the doctor as the lawyer; it compels him to collect his accounts and put his money where there is the best chance of keeping it and the least chance of losing it. Try it instead of searching for a new location—ED.]

In answer to a request of the Boston *Herald* to write some practical hints for young men on the acquirement of wealth, Gen. Benj. F. Butler responds as follows:

A difficult task is set me, as circumstances under which young men commence life are so widely varied. But I think that more young men fail in the investment of what they earn or receive, than in any other way to acquire property. The temptations to speculate are so great, and the desire to become suddenly rich so strong, that I believe eight out of ten, if not more, of young men are wrecked at the very beginning.

If a young man is earning something more than the expense of his living, and has no object in view, he is likely either to increase those expenses carelessly or to loan his money to his friends, and in so doing in the majority of cases he will lose both friends and money. So that the best thing that he can do is to have an object, gather up his money, and to have a call for it which shall be a profitable one. He makes no investment because he says, "I have got so little money that it won't come to anything. I will wait until I get more;" and in waiting, generally, what he has goes.

When a young man has a very little money, let him buy some property, preferably a piece, however small, according to his means, of improved real estate that is paying rent. He had better buy it when sold at auction, under a judicial sale, paying in cash what he can, giving his notes for the balance in small sums coming due at frequently recurring intervals, secured by a mortgage on the property, and then use all his extra income in paying up those notes. It is always safe to discount your own note, and if the notes come a little too fast, as soon as he gets anything paid his friends will aid him when he is putting his money where it cannot be lost, and where the property is taking care of the interest, and in a very short time he will find that he has got a very considerable investment. He will become interested in it, save his money to meet his notes, and he will directly come into a considerable possession of property, and hardly know how it came to him. That is, he will

have had a motive for saving, and will get the result of that saving, and will not be tempted to enter into speculations. Nothing is so safe for an investment as improved real estate. Nothing is likely to grow in value faster. In the last fifty years ninety per cent. of all the merchants and traders in Boston have failed. In the last fifty years ninety per cent. of all the business corporations have failed or gone out of business, so that their stock has been wiped out. In the last fifty years all the improved real estate on the average has paid its interest and taxes and quadrupled in value. If a young man's father can give him anything to start him in the world, he had better invest it in that way and let it accumulate and earn his living, and he will be richer than if he had gone into business. Jay Gould is said to have started from a mouse trap seller to become a millionaire. Assuming that to be true, he is only one of 60,000,000 of people; and if any young man thinks that he is going to imitate Jay Gould, there are 60,000,000 chances to one that he won't succeed.

The rule I would lay down for a young man is, never do a mean thing for money. Be prudent and saving of your money. Be careful not to have an interest account running against you, unless you have an equal or greater interest account running in your favor. Work diligently, and you are sure of a competency in your old age; and as early as possible, if you can, find a saving, prudent girl who has been brought up by a mother who knows how to take care of a house, and make a wife of her. She will aid, and not hinder you.

I claim no originality in this advice, and will relate you an incident in my own experience to illustrate it: In my earliest practice in my profession I was quite successful in earning money, and I had a small balance in the Lowell Bank, at the head of which was Mr. James G. Carney. The bank was directly across the hall from my office. I stepped into the bank to deposit a little money on one occasion, and Mr. Carney said to me: "Why don't you invest your money?" "Invest," said I; "I have nothing to invest." "Oh, yes," he says; "you have quite a little sum of money,

and I see that your young friends come with your checks occasionally, evidently borrowing it. Now you had better invest it." "How can I invest it?" "Invest it in real estate." "I know nothing about real estate." "Go to the first auction and buy the property. You cannot be much cheated in that, because you will have to give very little more than somebody else will be willing to pay for it. Give your notes for it, save your money, collect your fees, pay your notes as they become due. See that the property is improved property, so that the rent will keep down your interest account, and when you get any other money, invest it in the same way, and if your notes press upon you a little faster than you can pay them, why we will, when we find that is what you are doing with your money, discount your note and give you a little more time, so that you can pay it up. This will necessitate the prompt collection of your bills, for I know that you would rather work and earn a hundred dollars than dun a man for it, unless you have a pressing need for it. You have not even asked for a little bill that we owe you in the bank, which shows me that you do not promptly collect your dues." I followed the advice and bought a number of pieces of property in that manner, and I never did exactly know how they were paid for, but they were, and in a few years I owned some twenty different pieces of property in Lowell that came to me in that way. I can only say that I wish I had been wise enough to have continued this course through life.

I do not think that I need to extend these suggestions any further, because if a young man won't mind these, he won't any others, and I cannot suggest any better ones.

I am, yours truly,

BENJAMIN F. BUTLER.

As physicians, as healers of the sick, we seldom improve when we have no other models than ourselves after whom to copy. Why not follow Hahnemann, that master of therapeutics, instead of allopathic journals and text-books.

PROLAPSUS RECTI.

Editor Advance.—In answer to the inquiry by C. S. Durand, M. D.: "What is the remedy" for his case of prolapsus recti? I must say that Podophyllum has been the remedy par excellence, in my hands, and has produced some wonderful cures that have delighted me as well as many of my patients. I will give one case in particular that I remember with great satisfaction and pleasure. There lives in the village of Mt. Pleasant, Hamilton county, Ohio, a family of German parentage, by the name of Werner. About ten years ago I was called to attend one of the children for some slight ailment. When I entered the house I noticed one of the other children sitting "astride" a chair, with her hands clasped on the top piece of the back of the chair. After preparing the medicine in the adjoining room for the little one I was called to see, I again passed through the sitting room, when I saw the little girl about five years old, still sitting in the same position. I now noticed that she was holding on to the top of the chair with a tight grasp, as if to support a part of her weight from the seat of the chair. I asked the mother what was the matter with this child? "Oh! doctor," she replied, "the condition of that child is nearly breaking my own and my husband's hearts;" that she had prolapsus of the rectum; that there had been two physicians attending her; that they had done everything for her, and that they had, after months of treatment, told her that she could not be cured—that possibly in time she might outgrow it. I found, on further inquiry, that what they had done for her was altogether local, and the case which at first prolapsed only during stool, or rather at the time of stool, had now been permitted to remain protruding for days together, *because it would protrude as fast as replaced.* The child was in a truly deplorable condition. The tumor-like protrusion was as large as an ordinary inkstand. I said, after examination, "I believe I can cure this child." Obtaining permission, I prepared six powders of about two grains each of Podophyllum 3x, and told her to give the child one

every day, and instructed her to return the rectum as she had done before, and which I did with considerable difficulty before I left the house. In *three days that child was well.* The prolapsus occurred but three or four times after taking the first powder, and only *three* powders were administered. I report this because a severe case and as a true homœopathic cure. She has never had a return of the trouble.

Dunhsm says, Vol. II., page 241: "This (the Podophyllum) prolapsus is to be distinguished from that of Carbo veg. Ignatia, and Hamamelis; that it occurs *before* the evacuations, and not after." In this case, it appears to have occurred *before, during* and *after.* Hale's Symptomotology: "Prolapsus at every evacuation." I must say I have treated many such cases in children, and Podophyllum cured them all. I do not say it will cure all, but it has cured all that I have treated, and the number has not been few. We hope it may cure Freddy O. J. FERRIS.

COLLEGE HILL, O.

Editor Advance.—Please tell Dr. C. S. Durand to give his case of prolapsus recti Ignatia cc, one dose at bed time till better; then omit till worse. E. H. PECK.

CLEVELAND, O.

[If the doctors would carefully study the symptoms of the case as given by Dr. Durand, they would see they had a train of symptoms with which to deal not found under Ignatia or Podophyllum, although both remedies have made excellent records in the treatment of this affection. This *patient* not the prolapsus must be treated if a permanent cure is made.—ED.]

CANCER OF THE TONGUE.—KALI CYANATE.

E. T. ADAMS, M. D., Toronto, Ontario.

J. S., aet 58, hard case and thoroughly whiskey soaked; had been under treatment of many old school physicians, latterly under a well-known surgeon, and each diagnosed cancerous ulcer; prognosis, death. The description of the

case of cancer of the tongue in the November issue, by Dr. Tyrrell, exactly gives his condition—a deep ulcer in right side of tongue, in which the first joint of a man's thumb might be laid.

Could not take solid food, and only with great pain, liquid; was so weak he could scarcely move from his bed. Under the Cyanate he improved quickly, so much so, that this eminent surgeon gave hope of recovery, not knowing a heretical Homœopath was attending him. In about eight days was so much stronger he could go for a long walk before 6 A. M.; the last I saw of him he was eating dry bread and boiled beef, with comparative ease and comfort. This good surgeon, this "humane aggressor," rescued him from the heretics, and working upon his ignorance and fears, gained his unwilling consent to have the tongue removed. This was done at once and he lived only about seventeen days, dying in great agony; so much for "scientific" treatment.

The Cyanate of potassa deserved all the credit for improvement in this case, and I am morally sure it would have cured if left alone.

Dr. J. D. Tyrell adds: One lady we know of is so sensitive that any dose either aggravates her condition, or reproduces the chronic sore throat. There is no getting away from the truth of these facts and it behooves us to prove this drug and verify the pathogenesis. Kali hydrocyanate or more properly Cyanate, must not be confounded with the familliar Cyanide, as it differs from it both chemically, physically and therapeutically—the chemical formula for cyanide K C N, all know, while the Cyanate is K C N O.

[This drug deserves a careful proving, not to produce cancer of the tongue, because drugs do not produce diseases, but to obtain the subjective and objective phenomena by which we may successfully prescribe it in the treatment of our patients. Dr. J. D. Tyrrell, Toronto, Ontario, will be glad to furnish the remedy for proving in any potency required. Let us have another valuable drug added to our armamentarium.—ED.]

SOME MODERN MEDICAL "SCIENCE."*

"What's in a name?" Sometimes nothing and sometimes all, for a name may be a wing or a weight. Our author is fortunate in his patronymic, as *Prosopalgia Fothergillii* testifieth. Of that blood and that Quaker ancestry is J. Milner Fothergill, and *the* Fothergill of the Eighteenth century is not disgraced by the scion of the Nineteenth.

The present writer first learned of the industrious author under notice some fifteen years ago, and from a volume that has ever since remained a favorite. Between then and now Dr. F. has published ten different works, and that fact, we are free to avow, led us to regard him with the unfavorable suspicion of his being a book-maker from *malice prepense*. Your true book is made as a hen lays an egg: because she has something in her that by Nature's law must come out—she can't be easy until she is rid of it. Of course we have writers who attempt the hen act, who are uneasy until *they* have gotten something out; but there be certain preliminaries to an honest egg without which it can only addle, and of these your mere writer is incapable. Hence, as we devoutly believe, the innumerable books that are only so many Sebastopal stinkpots—an offense to both God and man. That is not impious: a fraudulent book is a *Lie*, and *that* is an offense to God, and to man so long as his face is turned Godwards. Will mere book-makers make a note of that, for it is a fact of singular salubrity to the soul if well pondered. We now plead with certain "editors" to note this fact, for we know one "editor" of a voluminous work who once treated a case of interstitial pneumonia for intermittent fever, and who told the victim of a chronic pyelitis that the pus in his urine came from the *supra-renal capsules!* Methinks such an "editor" should sit in sack cloth and ashes, and not imagine that justice is blind because her eyes are bandaged.

Dr. Fothergill's fecundity also led us to suspect him of

* VASO-RENAL CHANGE *versus* BRIGHT'S DISEASE. By J. Milner Fothergill, M. D. New York: G. P. Putnam's Sons, 1887.

endeavoring to write himself into practice. *That* can be done—for to very many an egg is an egg to all appearance, just as printed paper and pasteboard is a book to all appearance; and to such folk as use only the cerebellum appearances are everything. To some physicians such patients are the patrons desired, for it is only child's play to convince them that pyuria is a semeion of supra-renal-capsule suppuration. Happy physicians whose "practice" combines both profit and pleasure!

Perhaps, however, in so large a city as London, and under the pressure of so intense a competition, a man of Dr. Fothergill's calibre and attainments is justified in making known his qualifications, natural and acquired, by recourse to authorship. At all events, in so capable a man we can easily extenuate such book-making as may be traced to him. Nor do we wholly condemn him for writing a book with one eye on the profession and the other on the patient —there be many less venial sins than this.

Equally condonable is Dr. Fothergill's style if one will study it long enough. At first it may be mistaken for affectation because it is, at times, almost dramatic. It has a novelty of phrase and figure that suggests a greater knowledge of rhetoric than an intimate acquaintance with research; but if the casual reader is thus impressed he has only to follow Dr. F. through his various volumes to be undeceived. His style is the voice of him, and is a gift for which his reader may well be grateful. It is also genius, and we are confident that Dr. F. can sit beside dear Dr. John Brown of Edinburgh (that was, *Eheu!*) if he will only turn for a time to pure letters. It is indeed startling to find in a staid medical treatise such a sentence as the following, which is used in describing the typical child of this high-pressure age:

"Compared to other children, she is a harebell in an onion bed." P. 191.

Such touches are by no means infrequent with Dr. Fothergill, and fortunately they do not smell of the lamp; they have a *spontaneity* inhering that shows them to have leapt unbidden from his pen, and they also prove that the

author's *lehrjahre* included the felicities of a rural practice: that best of all initiations for a physician.

With matter of fact men so poetic a diction may lead them to condemn unheard the one who indulges therein; to those who read between the lines the two characteristics of our author's style—vivacity and alertness—will be recognized as grained in the nature of the man. Couple with such a style a wide reading in *belle letres* (of which Dr. F's. pages give ample evidence) and one can see in the fortunate possessor those qualifications that gave old Sam Johnson "a peculiar pleasure in the company of physicians."

Because Dr. Fothergill most certainly has violated the traditions concerning the *style medical* we have thus far written in the hope of reconciling certain precisians who might ignore him to their loss: turn we then from his manner to his matter.

An observant reader will perforce be struck by the title of Dr. F's. last volume, "Vaso-Renal Change *versus* Bright's Disease." That "versus" is full of meaning: it and the opening sentence, 'So long as a disease carries a man's name it shows we know little about it,' strike the key-note of the whole treatise. It denotes an endeavor to put the concrete in the place of the abstract in our conception of *Morbus Brightii.* That the author has succeeded is not clear to us. We are better satisfied with Stewart's more inclusive name, Bright's Diseases: *that* recognizes three pathological conditions having dropsy dependent upon renal change and therefore including Richard Bright's discovery. True, Fothergill discerns the "necessity for some other term than 'Bright's Disease' in the present state of our knowledge," but, that "vaso-renal change" fills the demand is not proven. This term applied to the contracting kidney is justified to a degree by the changes found in the conducting circulatory apparatus, but is most "lame and impotent" when used concerning the lardaceous and the amyloid degeneration. In defining this "vaso-renal change" Dr. F. adds nothing to our knowledge of the existing morphological differentia; all that he finds has been

found before. He spends his strength in the endeavor to find and define the causative *materies morbi*, and this he holds is uric acid. In other words the substratum on which the whole pathological structure rests is gout.

Having broached his hypothesis, he at once with most commendable frankness turns over his "Depurative Theory" to Dr. F. W. Mott for criticism. That theory is, in brief: Gout loads the blood with uric acid; this the kidneys, chiefly, attempt to eliminate, and the long-continued depurative effort ruins these organs besides inducing other consecutive, or dependent, tissue changes. The stress of Dr. Mott's most scholarly criticism falls upon this postutate: "the uric acid accumulation in the blood stimulates the vaso-motor centre, thus raising the general blood-pressure, and causing an increased flow of urine."

It will be apparent to the reader that Dr. Mott approaches the subject from the side of the laboratory while Dr. Fothergill views it in its clinical aspects. If, and it is a large *if*, the physiological laboratory were indeed an infallible tribunal having no "reversal, with costs," then must it be admitted that Dr. Mott's criticism has given *this* "Depurative Theory" the *coup de grace*. Dr. F. listens most politely to the adverse *finding*, and complacently turns with a smile of unruffled confidence to the clinical evidence *as he reads it*.

Having a high regard for the physiological laboratory and also a knowledge of the mare's-nests *so* often discovered therein, we are free to own that in the case of Laboratory *versus* Bedside we stand with Dr. F.

But laboratory or bedside, we must dissent when asked to accept the following as "the present position of our knowledge":

"A waste-laden condition of the blood causes contraction of the arterioles, producing high arterial tension. This in turn, leads to enlargement of the left ventricle. *The sustained high arterial tension sets up atheromatous change in the arterial wall;* and from this spring a number of maladies." P. 7.

The italics are ours and they denote the ground of our

dissent. Does "sustained high arterial tention" have such an effect? It certainly is not proven, and *physiological* analogy is against it—a blacksmith's biceps does not atheromatise; but that is not *sustained* tension. Well, an overworked heart from aortic stenosis is an example of *sustained* tension: is atheroma a constant factor in such cases? Here we see the curse of the laboratory blinding the clinician. It is the outcome of the *mechanical* philosophy of to-day: as if the organism were only an apparatus of levers, springs, and wheels!

Having wisely began as an *humoralist* Dr. F. flies in the face of his own denominated *materies morbi*, uric acid, when by a summersault he becomes a solidist.

To the supreme question what can you *do* for the victim of "vaso-motor change" Dr. F. can say only: avoid albuminoids and put your trust in the potash salts or the carbonate of lithia: the one is the great source of the uric acid poison, and the others are its best solvents.

This is indeed a brief statement (for we hope our many readers will *study* the whole work), but we sincerely trust that even in our brevity we have done Dr. Fothergill no injustice. We turn, then, from him and his to those of of our own therapeutic faith.

First, then, we desire most gratefully to acknowledge the benefit we have derived from this book: it has been to us the most suggestive volume that we have read in years; it has instructed, and (more blessed function!) it has educed.

Secondly, this fruit-bearing book has come to us when we are past our meridian, when our shadow grows longer *behind* us, and the twilight deepens, and the night wherein no man can work steals on, and the dimming eyes can see in the school that one has served through one's working life only a deepening "eclipse of faith;" yet from this book come the assurances that all which we have held truest in Medicine is founded on eternal truth and fixed as the fiat of Omnipotence.

[The mock-modest "we" of editors and reviewers entails tedious circumlocutions; allow me, then, to avail myself of the *directness* of the first personal pronoun].

Be patient, then, while I give account for the faith that is in me; a faith hallowed by the precious memory of men who had not mine infirmities.

In Dr. Fothergill I recognize one of the ablest products of a school of medicine that is the antagonist of my own. I honor his broad culture, his sagacity, his keen observation, his insight: in therapeutic puissance I pity his impotence. And not only that, for in pathology proper I deem him unworthy to brush the dust from Samuel Hahnemann's shoes. Crowned with the culture of time-honored univerities and richly-endowed laboratories, in which I should receive only scorn and contumely, he finds in "Vaso-Renal. Change" gout for the substratum. To him gout is a consequence of over-indulgence in albuminoids (flesh eating), and hydro-carbons (liquors). The Esquimaux live on albuminoids and hydro-carbons, and to them gout is unknown. They breathe a highly ozonised air, and consequently *fully oxydise* foods that are pernicious in vegetable-producing zones. Therefore incomplete oxyidation is one factor in Dr. Fothergill's "Vaso-Renal Change." So much for a favorable zone; and, begging pardon from all Darwinians, perhaps the God who made the Esquimaux adopted their air to their food. I am "unscientific" enough to believe this, and uncultured to that degree to be not ashamed of my belief.

Turning to the temperate zone, I learn from history that the Germans whom Cæsar's legions met were notedly carniverous, and the most devoted disciples of Gambrinus. *They* did not perish from *Bright's Disease*, as they should have done in difference to "Science." Every English squire, beef-fed and beer-soaked, does *not* succumb to gout and *vaso-renal change*. Therefore, the air of a temperate zone is not *ex-necessitate* a factor in *vaso-renal change*.

Evidently, then, something more than albuminoids and hydro-carbons is essential for the production of this *vaso-renal change*, and the victims of this change must be sub-oxidants—Grauvogl's "*carbo-nitrogenoid constitution.*"

This factor Dr. Fothergill has overlooked, and yet his gout and his uric acid are consequents of an antecedent

cause. His laboratory teachers will tell him that uric acid is a consequence of sub-oxidation; but why the sub-oxidation? Dr. F. says because of the gout. But sub-oxidation is also the cause of spinal sclerosis, which never is found in any other than a "carbo-nitrogenoid constitution," and spinal sclerosis is not gout.

According to Dr. Fothergill's cirrhosis (connective tissue hypertrophy) is *the* morphological factor in the contracted kidney. We find this factor also in spinal sclerosis, in hobnail liver, in interstitial pneumonia, and in the various "fibroid" growths. What is there in sub-oxidation to determine these differences of location for the connective tissue hypertrophy? The "Science" of Dr. Fothergill's school is dumb; but Hahnemann's despised Psoric Theory has a voice and a meaning. Psora, Syphilis, and Sycosis—has Virchow's vision pierced the darkness as far as that? Not yet: he must sit below the son of the porcelain painter of Meissen. So much for the insight of Samuel Hahnemann as a medical philosopher.

Take up the first volume of Hahnemann's *Chronische Krankheiten*, O weak-kneed Homœopath who fain wouldst sell thy birthright for the miserable "mess of pottage" of allopathic patronizing; learn the dimensions of thine inheritance, and spurn the seducing flesh-pots of Egypt.

To Dr. Fothergill the uric acid of sub-oxidation is the *materies morbi* of *vaso-renal change*, and the grand aim and end of his therepeutics is to withhold the supply of nitrogeneous material from the food-source, and to "dissolve" that which is already dissolved in the living blood.* And this is "Scientific Medicine" in the Nineteenth Century! This the "fellowship" for which some homœopathic physicians yearn!

To-day "the totality of the symptoms" method in pre-

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* Has Dr. Fothergill forgotten the sound teaching of Hassall, concerning "the chief solvent remedies employed in the treatment of uric acid deposits?"

"*We must never, however lose sight of the fact, that these remedies not go to the root of the mischief, but are merely palliative.*" THE URINE IN HEALTH AND DISEASE, p. 94, 2d edition, London, 1863.

The italics are Dr. Hassell's, and, be it known to all "adjuvantic" Homœopaths, they are now twenty-four years old!

scribing is despised and rejected by the *quasi* "scientific" homœepathic physicians whose *beau ideal* of a *Materia Medica* is an emascula CYCLOPŒDIA. Such recalcitrants will doubtless withhold albuminoids, and administer potash salts or carbonate of lithia in granular kidney, and the undertaker will greet them with the same sweet smile. O ye of little faith (and less sense), was ever in this God's earth a *consequence*, a *cause*? Tell me, is there under Heaven any other clue to the *curative* action of any agent than the action thereof *in corpore sano*? You know there is not, or if you do not, in your heart know it you should drop the name *Homœopath*. But you are beguiled by the pseudo-scientific twaddle about the "physiological action" of a drug concerning which such pitiful petty-larcenists as a Brunton make such an ado. Have you read Dr. Dudgeon's public exposure of this respectable thief; have you noted how he was nailed like an unclean bird to a barn door; have you asked your most worthy self—"If this much vaunted 'physiological action' of a drug is the great desideratum, the *ne plus ultra* of therapeutics, why in the name of common decency should T. Lander Brunton, M. D., F. R. S., knock the eighth commandment into splinters?" Have you ever tried to imagine how many centuries in advance of all pathology is Hahnemann's "totality" method of prescribing? If you have failed in applying that method, have you ever dreamed that the sole fault may be in the cranial contents of the skull of even *your* mother's son?

Let me close with "an owre true tale." A homœopathic physician was once treating an occult case of disease that baffled his best endeavors. At last his patient said him, if you will only relieve me of the pain in my heel I will bear the rest. The pain in the heel was as if she were stepping on a pebble in her shoe. This "symptom" that physician sought for, and found in Lycopodium. (See the *Symptomen Codex*.*) He was astonished to find that all her other symptoms were "covered" by Lycopodium. That

* *Vide* SYMPTOMEN CODEX, Vol. II, p. 127; also Allen's "ENCYCLOPEDIA," Vol. VI. p. 52—Symptom 2442. As this particular symptom is one of Hahnemann's and as *he* proved Lycopodium in potencies that certain homœopathic "scientists,"

remedy was given, and away went the pebble in the shoe and the rest of her ailing. That physician is long since dead, but never did *he* know that the pain in the heel was a manifestation of gout. He could have learned that from Fothergill's book on "Vaso-Renal Change," but he didn't tarry here to read God's truth at second-hand.

Now recollect that practically gout is a surplus of uric acid in the blood, and recollecting what the "red sand in the urine" of Lycopodium denotes, you may, happily, discern what "the totality of the symptoms" is worth to one who will faithfully apply it. The agnostic oscillation of to-day must swing to the other end of the arc, and in the Renaiscence of Medicine the name of Hahnemann will shine like a planet in the firmanent. Heaven speed the day for the sake of the weaklings! S. A. J.

P. S.—A much-suffering editor of an eastern, so-called "Homœopathic" journal facetiously suggests that I should do some "constructive work." Not *now*, thank you! The most urgent demand of "our School," as it now is, is for *re*constructive work. How is it?

ANEMONE PULSATILLA AND THE ANEMONIN.

Vigier proved on himself different preparations of Anemone Pulsatilla and found that the alcoholic extract of the leaves, taken in daily doses of 6–10 grammes diminishes the fever usually appearing at the beginning of a catarrh and inhibits the secretion of the mucous membranes. The same effect was produced by Anemonin, 0,02–0,05 per day, which also showed a stimulating action on the cardiac muscle. Far less efficacious is the alcoholic extract of the single parts of the plant, of which the alcoholic extract of the root is still the most reliable, whereas of other Ranunculaceæ, especially so of Aconite, the dry extract shows the most effect. The preparations do not keep long and soon lose their medical power. He uses one kilo root to one kilo alcohol, to be macerated for two weeks and then filtrated.—*Journal de Médicine de Paris, 26, '87.*

declare to be *nil*, it is doubtful if this symptom could find a place in the *improved Cyclopædia*. But as it has won verification, what becomes of the "scientists" and *their Cyclopædia?* Verily, "it is hard to kick against the pricks!"

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia., EDITOR.

ANESTHESIA.—In the last (October) issue I had occasion to touch upon the necessity for individualization in the selection of anesthetic agents. Since then a number of articles have appeared in the journals, more or less worthy of note, the conclusions up to date being beautifully summarized in an editorial article in the October number of the *Annals of Surgery*. The positions sketched in the ADVANCE have been confirmed, but some points of additional interest are touched upon, chiefly with reference to the mortality attending the use of the two chief agents, chloroform and ether. For general anesthesia it seems to be quite generally conceded that these two agents are to be preferred, all others having proved, on due trial, to be comparatively valueless, or dangerous, and not presenting any superior excellences, either in efficacy or safety. If rapidity of action is required, there can be no other choice than chloroform; if the minimum of danger, ether must take precedence, and yet none but the grossly ignorant could assume that danger to life is confined to chloroform anesthesia. Certainly there are a far greater number of deaths attributable to chloroform than to ether, but the latter has plenty of such unfortunate occurrences to account for. An analysis of the cases on record will show that deaths from chloroform may be called primary, and those from ether secondary. In other words, under chloroform death usually occurs in the early stages of narcosis, at all events during its administration. If the patient recovers from the anesthesia, there is little probability that any accident will occur later. In the case of ether, on the other hand, death usually occurs during the last, or may even be postponed to a late period in the history of the case. Thus, fatal pneumonia, acute nephritis, cerebral apoplexy, may all be late effects of ether anesthesia, not to speak of other and

world wide, and then simply as a teacher, there are few men in Germany his superiors. He looks quite like a German—has reasonable abdominal proportions—wears spectacles, and has a little bald spot on the top of his head; but so far as mere looks go, might be anything else than a university professor. His powers of observation in the class room, are wonderful. I have seen him directing four simultaneous post-mortems, in none of which, the slightest mistakes of any of the students, or abnormalities in any organ of the subjects, escaped his eye, nor from which the class did not get the greatest possible benefit. In his courses in microscopical anatomy, if the student cannot at last tell liver from kidney, it is no fault of v. Recklinghausen's. I believe that he declares that there is no man in Strassburg over 32 years of age, who has not cirrhotic kidney, as a result of too much beer, but this statement does not seem to have affected the manufacture or consumption of this beverage, and there is the usual amount of *kneiping* going on every evening among the students and soldiers.

The names of Hoppe-Seyler, Lücke, Goltz, Jolly, Freund, and others of the medical faculty, are likewise well known. I saw Prof. Lücke, whose clinical amphitheater is a model of most excellent, convenient and antiseptic construction, perform or try to perform, the radical operation for the relief of hernia, but by some anomaly no hernial sac was anywhere to be found, and after a long and fruitless search for it, the patient was finally sewn up and sent into the wards.

The special interest for me, centured about the ophthalmic wards and clinic. Laqueur is the ordinary, Stilling the extraordinary professor, both very pleasant and able gentlemen, the latter known to us through "Stilling's operation." The clinic directed by Prof. Laqueur, is meanly housed, in a part of the *Bürger Spital.* The hospital wards are neat and clean, but the policlinic is obliged to get along with very insufficient facilities. One of the interesting cases I saw was the rare one of congenital hypertrophy of the upper lid. The patient was a girl aged 17 years; one

upper lid had always been larger than the other, but during the past four years it had very much increased in size, and now measured 35 mm. from orbital ridge to ciliary margin —was thick, soft and painless, with the globe and vision normal. At the present time the patient could see only through a very small space at the inner angle of the eye. In the ophthalmoscopic room, Prof. Laqueur showed me, what was to me at least new, a binocular microscope or telescope, as you choose to call it, designed for examining the external portions of the eye, iris, and anterior chamber. It gives very much magnified images, and affords the observer a splendid means of studying gross pathological changes, finding foreign bodies, etc. It is probably a double Gallilean telescope, with a working distance of 6–7 inches. For determining corneal astigmatism the ophthalmometer of Javal and Schiötz was in frequent use.

This valuable instrument, in spite of the great aid it affords in the study of this anomaly of refraction, is very little employed, either in America or here in Germany. Its cost is rather too great, in its present form, but its inventors are at work I believe upon a simple model, to cost somewhere in the neighborhood of fifty francs.

Prof. Stilling lectures upon the relation of constitutional and eye diseases; on refraction, and the use of the ophthalmoscope, and in addition to his university duties, has a daily clinic at the Israelitish Hospital. By invitation I called upon him at his home, and had the pleasure of looking over the advance sheets of his forthcoming work on Myopia, in which, upon the evidence of certain recent pathological studies of his, the present and ordinarily accepted theories as to the pathology of this trouble, are very much modified, if not done away with altogether. At his clinic, I found antisepsis to play an important part as a remedial agent; iodoform dusted into the eye—the iodoform bandage, if the case be severe—is largely relied upon in the treatment of inflammatory affections of the eyes, even taking the place of nitrate of silver in the treatment of ophthalmia neonatorum.

As a city, Strassburg is not particularly interesting, ex-

cept for its history. Still it has a beautiful cathedral and wonderful clock, some fifty storks, more or less, who stand idly on their great nests, balancing themselves on one leg, when they are not flying leisurely about to or from some favorite frogging ground, and who, if German tradition is to be believed, ought to bring babies enough with them materially to enlarge Dr. Freund's obstetrical clinic. It has also world renowned patês of fat goose livers—prepared with all the skill of Alsatian cooks, and displayed in the most tempting little jars—plenty of the narrowest and most crooked streets, and soldiers without end.

* * *

From Strassburg to Heidelberg is only a step, geographically speaking, but once there one breathes a very different atmosphere. There is nothing Frenchy about this old place, and no need of government interference to loyalize its natives. There is a little too much of the English flavor to the population—too much of one's native tongue heard in the *Stadt Garten* concerts, to harmonize with one's preconceived ideas of the town, that is all. One wishes it to be a trifle more thoroughly German.

The University is more than five hundred years old, having celebrated its fifth centennial last year, and is widely known; perhaps more through its philosophical than through its medical faculty. Still this latter is of high rank and embraces many well known names.

The hospitals are decent structures, largely built upon the pavillion plan, and surrounded by well laid out grounds, luxuriating in roses and other attractive flowers. The *Augen Klinik* is a large and very handsome stone building, not owned by the University, but certain use of which is given to the students. Its director Prof. Geheimrath, Otto Becker, (Geheimrath you know, is only a title), has a scientific reputation which places him well in the front of German ophthalmologists. In his company I visited the various wards of the hospital. Everything is scrupulously neat. The patients are divided, in true German style, into three classes, on the basis of respectability and money. Those of the third class, form the material for the public

clinics. They wear a sort of uniform, consisting of clean linen suits and slippers, and thereby look vastly better and more wholesome, than if they were allowed to wear their own, generally dirty clothes. The wards are fitted with hot water tubing and small coils for each bed, for the local application of heat to the eyes, by which the application may be made constant and uniform for as long a time as is desired. It certainly is the best thing I ever saw for the purpose. It would also be possible, though not so easy, by any means, to use a similar system of piping for the distribution of cold water, for cold applications. The wards are provided with large shutters to the windows, by which nearly absolute darkness can be secured. In this Egyptian darkness, cataract and similar operated cases are made to sit or lie out their times of probation. The hallways are large and light, and in them, upon a "Heidelberg chair" the cataract operations are performed. Large photographic copies of the Sœmmering bas reliefs to von Graefe's memory hang in the halls leading to the clinic room. This room, though small, is beautiful. A high arched ceiling—the walls hung with elegant drawings and engravings, professional, of course, — the light coming in through one very large window, and the scrupulous cleanliness, contrive to make it one of the nicest clinic rooms in all Germany.

There are treated here annually between five and six thousand eye patients and Prof. Becker holds public clinic five days in the week, before a class of twenty or twenty-five students. Heidelberg is quite an ophthalmological center, for every summer during the last of August, or early in September, the ophthalmologists from all over Germany and even from other countries, assemble for a brief session of society work, and to exchange views on the most recent advances in their specialty.

The Ear Clinic of Prof. Moos, is not so favored in the matter of building, or rooms, and one has to mount some three flights of stairs, past the scenes of various sorts of domestic occupations before reaching it, for it is obscurely set in the top story of an ordinary apartment house. How-

all appearances defunct. Yesterday (October 18) an individual adopted a still more sensational measure for destroying himself and was, unhappily, only too successful. Having hired a furnished room on a fourth story he deliberately got out of the window and began to perambulate the ledge outside to the great horror of those in the streets. He made signs as if he would dive head-first on to the pavement but apparently his courage failed, as he was seen to sit down, close his eyes, and let himself slowly slip over the edge. The feelings of those in the house and those outside who witnessed, without being able to prevent these proceedings, may be imagined. Needless to say he was picked up a shattered mass and expired in the hospital an hour after. I have mentioned these two instances, but they are only two among many. The probable explanation is the unusually "hard times" and the approach of winter combined.

The autumnal rains here are now over and the weather glorious. The mean temperature during the last month (September 20 to October 20) has been 55.2 Fah.—one fine, bright day succeeds another. The air is free from moisture, is dry, light and rarefied; for this reason it speedily loses its warmth. Directly the sun sets it becomes chilly, hence visitors should be indoors shortly before sunset, and should live in rooms facing south so as to get the sun as long as possible.

It is now the season here for gathering *cassie*, which is no other than our old friend the cassia of the wise men of the East. It is a round, very prickly shrub, two or three feet high, and bears little yellow tassel-like flowers about the size of a large pea or small marble. It is grown in gardens situated on the sunny slope of a hill, and the flower is used for the extraction of a scent which forms the basis of nearly all perfumes and pomatums. Other flowers now in season and likewise grown in fields for making scent, are the white jasmine, certain kinds of roses and violets.

Though a few swallows may be seen in Cannes all through the winter, the majority leave us about this time

(October 20) for Africa. Numbers may now be seen collected under the eaves and on the ledges of houses and on telegraph wires.

This is the season also for *champignons* or mushrooms, and other edible fungi. After the autumnal rains numbers of these dainties make their appearance as if by magic. Besides the ordinary umbrella-shaped mushroom, white above and rose-colored on its under surface, there are several other varieties of fungi, not eaten in England, which are here esteemed the greatest delicacies. There is the *picoupé* which grows from the roots of oak trees, and is eaten with oil and garlic to the accompaniment of a glass of muscatel. A greater delicacy still is the *oronge*, which makes its appearance in pine woods "where the wild thyme grows," first resembling a snow-ball, but after exposure to the sun's rays shedding its white pellicle and appearing as a "ball of gold." It is eaten stuffed with "fowl's liver, bread-crumbs, shalots and olives finely minced," the whole washed down with a glass of old alicante. A third variety is the "courcoule"; it is shaped like a mandarin's bonnet and bears a sort of collar and bracelet on its stalk. It is fried with a little olive oil, pepper, salt and lemon juice.

Apropos of fungi in general, it is a curious fact that the ordinary well-known variety, known in England as the mushroom, is the only one which has ever been successfully cultivated.

It may be useful to physicians to know that the toxic qualities of a fungus can be at once detected in the following manner: Place a silver spoon in warm water containing the suspected cryptogam —if poisonous, the spoon will be at once blackened.

No one can have failed to be struck with the very wide influence exerted by politics, apparently upon matters in no way connected with them. Last spring the greatest German pathologists and diagnosticians of the day declared that the Prince Imperial of Germany was afflicted with a cancerous growth in the larynx and counselled the removal of that organ as a measure which could not indeed save the Prince's life, but which would "postpone the evil day." It

is quite possible that that *Deus ex machina* Bismark may have hailed this news with too great eagerness, for it is well-known that he looks upon the Prince's accession as one of the great dangers to the German Fatherland, but it is quite inconceivable that such great medical authorities could have pronounced judgment so decidedly unless the case was unmistakable, or have been influenced by mere party motives, where the event would so speedily refute their predictions, were they in error. However, certain adversaries of Bismark, among whom were the eminent pathologist Virchow and the Crown Princess, thought proper to summon from London the facile throat specialist, Dr. Morell Mackenzie. This easy-going gentleman was made to pluck out a piece of the growth through the *rima glottidis* with the tenaculum and scalpel; the piece was then placed under the microscope and pronounced by the great Virchow himself to be "a warty growth, not only innocent but benign in character," to use the technical jargon of the craft, and the illustrious patient was pronounced in a fair way of being cured, and sent off to England partly to take part in the jubilee celebrations in honor of his mother-in-law and partly to be under the immediate care of Dr. Morell Mackenzie. The hollowness of the whole proceedings now stands revealed, for the Crown Prince is obliged to pass the winter at San Remo on the Riviera. We may ask, why should this be so if he is merely suffering from "a warty growth of a benign character" which, moreover, has been repeatedly "entirely" removed by so skilful an operator as Dr. Mackenzie?

The following table of meteorological observations made at Cannes from Wednesday, October 19, to Tuesday, October 25, may be interesting to some of your readers:

	Wed.	Thu.	Fri.	Sat.	Sun.	Mon.	Tue.
Barometer height reduced to Freezing Point.....	30.24	30.21	30.32	30.35	29.72	30 20	30.00
	inch.	inch.	inch.	inch.	inch.	inch.	inch.
Tension of Aqueous Vapor.....	0.32	0.343	0.4044	0.3844	0.464	0.324	0.3188
Relative humidity, saturation point being taken as 100	65	77	78	84	85	82	86

	Wed. inch.	Thu. inch.	Fri. inch.	Sat. inch.	Sun. inch.	Mon. inch.	Tue. inch.
Ther. in Shade. Minimum at night.	45	44	46	48	46	43	45
Ther. in Shade. 9 o'clock A. M.	65	65	68	68	63	65	62
Wind	So.	So.	So.	So.	So.	S.W.-N.W.	S.W.
Relative velocity	1	2	1	1	1	3	2
Rain fallen	none	none	none	none	none	none	none
Sky	Sunny.	Sunny.	Sun & cloud	Sun	Sun & cloud	Sun & cloud	Sun & cloud

SOCIETIES.

HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

The second stated meeting of the "Hahnemannian Association of Pennsylvania," was held in the Continental Hotel, Philadelphia, Nov. 8th, 1887. Dr. Mahlon Preston, of Norristown, presiding. Present all the active members —one honorary member and eight visitors. Dr. C. Carleton Smith read a paper on Spongia tosta, after which the following discussion took place.

Dr. Smith: Oranges should never be allowed to children suffering from croup. In my experience they usually aggravate the disease, so much so, that I have made it a rule to forbid them. When this aggravation is marked and has been noticed, it is a characteristic of Spongia.

Dr. Preston: Your paper refers to the Spongia amelioration from food or drink. Anacardium has an amelioration of stomach symptoms by eating.

Dr. Robt. Farley: I have verified that symptom personally.

Dr. Wm. Jefferson Guernsey: Iodium and Pulsatilla also have it.

Dr. John V. Allen: Anacardium has nausea and vomiting from cold drinks.

Dr. Preston: At one time I was subject to attacks of pain in the right side of the abdomen which would last for days; it was always better by eating, and on this account I took Anacardium. This helped me greatly for several attacks,

but finally ceased to do any good. I discovered that after eating I was not so much troubled by constantly voiding flatus, and on this indication took Teucrium, (which has that symptom) and found immediate relief.

Dr. Farley: Anacardium has the desire to swear with his ailment.

The next business was the reading of § 245 of the Organon, by Dr. Geo. H. Clark, who presented a brief paper on the Repetition of the Dose. The Doctor said Hahnemann's views were not to be improved upon, so that there was no necessity for discussing the question. Failures were due to neglect to adhere strictly to his advice.

Discussion:

Dr. Clark: Administer *first* the medicine that is strongly homœopathic, then wait, even though it does not show an immediate improvement.

Dr. E. J. Lee: The question whether to repeat the old medicine or to give another, amounts in either case, to a new prescription.

Dr. Clark was granted time to read an extract from Gregg's "Diphtheria" relative to the point.

Discussion:

Dr. Lee: Dr. Pomeroy once told me that he had made his best cures through mail, as he would then send medicine and be compelled to await report without chance to change the remedy. I know of a lady who had her eyes examined by an allopathic occulist of celebrity who pronounced her trouble cataract and who, on being told by him that an operation was necessary, consulted Dr. Lippe, who cured her with one dose of Calcarea. The Allopath on hearing of it said that he must have made a mistake in diagnosis.

Dr. Clark: Dr. Fellger cured a case of congenital cataract with Natrum mur.

Dr. Lee: A child had convulsions and was better in each attack by being carried about quickly in the arms. One dose of Chamomilla caused it to urinate twice freely (which it had not done at all for some time) and would, I think, from other indications, have cured the case, had not

the family been persuaded to change to Allopathy and the child died.

Dr. Guernsey: Arsenicum has relief of symptoms from being carried rapidly.

Dr. Smith: A difficult thing to contend with, is the repetition of the dose. I have no fear to leave a patient on the single dose at any time. If the physician has any such *doubt* whether to give medicine continuously or wait, he should always do the latter. Since doing this myself I have lost fewer cases. If the patient seems to need a repetition, have a powder dissolved in water and give a few doses in quick succession, then wait on Sac. lac. till your next visit.

I saw a case once where Belladonna was clearly indicated and learning that the previous doctor had used that remedy continuously, gave c. m. potency for a few doses and then Sac. lac. After the third dose it needed no more medicine. The cases I do not have access to, I cure the best.

I once cured a case of long standing catarrh with one dose of Kali bich. mm. The case was a clergyman who had written me that he had been compelled to leave town every year on account of it. Had I seen him I might have prescribed medicine to be taken continuously; but, as it was, I sent that one dose, and not hearing from him it operated uninterruptedly and worked a perfect cure.

One case of gonorrhœa which had been treated allopathically for some time, came to me and I gave Pulsatilla, which was indicated, one dose, in the mm. potency, which caused a resumption of the flow and subsequent cure in ten days.

In regard to Hahnemann's idea of olfaction, I would say that I saw Hering cure a case of convulsions with a single inhalation of Opium.

Cases for advice were next in order, but none being presented, Dr. John V. Allen (as per appointment) offered a paper entitled, Typhoid Fever, having as an appendix a repertory.

Discussion:

Dr. Allen: I have used milk diet mainly.

Dr. Guernsey: I frequently use unfermented wine. There are three valuable preparations on the market. Drs. Welche's, of Vineland, N. J.; Spear's, of Passaic, and Dr. Tuller's, of Vineland. The latter is hardly sweet enough to suit most patients.

Dr. Clark: If it contains sugar it will cause fermentation in the stomach and trouble will follow.

Dr. Guernsey: I have not had the least trouble in that way and have used it a great deal.

Election of members being next in order, nine were elected to associate and two to honorary membership.

The following appointments were made for the next meeting: On Materia Medica, Dr. Geo. H. Clark; On Organon, Dr. R. B. Johnstone; On Original Paper, Dr. Robt. Farley.

Dr. Guernsey presented a number of papers published by the London Anti-Vaccination League, and offered a resolution condemning vaccination, which was tabled for further discussion.

Adjourned.

WM. JEFFERSON GUERNSEY, M. D., Secretary.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

For the first time in several years the New Jersey State Homœopathic Medical Society met for a two days' session, Oct. 5 and 6. Atlantic City (Winsor Hotel) was the place chosen for the experiment which, thanks to the exertions of the President of the Society, was an entire success; every member present expressing genuine pleasure in the event. Special R. R. arrangements were made with the Pa. R. R., in order to get members from the northern part of the State in Atlantic City in time for the opening of the session, and early rising was a necessity for many who had been in the arms of "Murphy" but a few hours. It will be long before one man in particular is in another such a hurry we hope.

President Butler called the meeting to order at 11:15 A. M., and prayer was offered by G. W. Richards, M. D. An address of welcome was made by Dr. G. W. Crosby, of Atlantic City, on behalf of the local committee of arrangements and responded to by the President. After the roll call the Board of Censors reported favorably upon the applications for membership made by Drs. Mary Miller, Theo. G. Bieling and Jas. F. Goodell.

Two amendments to the Constitution were offered, one to the effect that the annual meeting occupy two days and be held wherever it may be agreed upon at the previous annual meeting, and the other that the Semi-annual meeting occur some time in September.

Reports were received from delegates to "The American Institute of Homœopathy," "The International Hahnemannian Association," "The West Jersey Homœopathic Medical Society," and "The Pennsylvania Medical Society."

The following papers were read: "Diagnostic Significance of the Epithelia of the Genito-Urinary Passages," by M. D. Youngman, illustrated by drawings made by A. W. Baily, both of Atlantic City; "Phthisis," by W. C. Ricardo, of Passaic; "Typhoid Fever," by E. M. Howard, of Camden; "A Case of Suppurative Synovitis at Knee, with Operation," by B. H'B. Sleght, of Newark; "Anæsthesia," by G. W. Woodward, of Camden; "The Contamination and Analysis of Drinking Water," by C. F. Adams, of Hackensack.

This finished the day's business, but in the evening there followed a banquet given by Drs. Youngman and Baily to the Society, in the dining room of the *Winsor*, at which about sixty persons sat down to translate the following

MENU:

Ostrea Abseconli Na.Cl., (in forma natura.)
Sorbitio, Chelydra serpentina.
Picis maritimus cum solanum tuber. comp.
Corrugated Oris, Pomum amatorius, Lactu carim, Poma condita.

S_2	Bivalvæ	P.	P.	P.	P.
S_2 Chelonia S_3	gridironedensis	P.	P.	P.	P.
S_3	a la Atlantic	P.	P.	P.	P.
		P.	P.	P.	P.

Carcinoma Encysted
Sataniensis Hydated X 500

R. Gallus domest. minuatim consecare o ij
Kalamazoo Apium graveolens q. s.
Sinape gr. iij
Acetic acd. dil. oz ij
Oleum oliv oz j
Cum grano salis e piper nig.
M. Sig. quantum volveris

(antidote Verat alb.)

F. E. Bovinum, congealed, cum C_{24} H_{28} O_{28}. + C_{24} H_{20}. O_{20} + ?
Vanilla, Chocolate, and Bisque with a stick in it.
Pomum Adami, Auranti Florida, Plantago elongata.
"Multum in parvum."
Sugar-coated mummies tuus proavia, red tape.
Caloric H_2 O + desecated Nucis aramatica,
Potentized to suit the taste
Oscillatory vibrations of inferior maxilla cum post pliocene scintillations of modern Saxon.

VAPOR.

Atlantic City, Oct. 5, 1887.

On the following day, (Oct. 6) the remaining papers were discussed, viz.: "Notes on Materia Medica," by J. E. Winans, of Lyons Farms; "High Potencies vs. Intermittent Fever," by Samuel Long; "A Comparison Between Sulphur and Sepia," by Edward Rushmore, of Plainfield; "A Cure By Sulphur," by Phoebe D. Brown, of Hilton; "The Efficacy of High Potencies," by J. K. Mulholland, of Newark; "A Study of Lachesis, Croton and Naja," by J. N. Lowe, of Newton; "Treatment of Diphtheria," by D. L. Nevill, of Jersey City; "Therapeutics of Diphtheria," by S. L. Eaton, of E. Orange; "Notes on the Use of Drugs During Pregnancy," by C. M. Conant, of Orange, and "The Effects Which Excited Mental States have upon Physical Conditions," by J. Younglove, of Elizabeth; besides some papers read by title only. After the adjournment the members, by invitation, of Dr. G. W. Crosby, enjoyed an extensive drive about the city before they took their waiting train for home, unanimously voting that Drs. Crosby, Youngman and Bailey, played their part of hosts to perfection.

B. H'B. SLEGHT, A. M., M. D., Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY: BUREAU OF GYNECOLOGY.

Dear Doctor.—The Chairman of the Bureau of Gynecology, for 1888, has selected, as the general subject for discussion; "Uterine Therapeutics."

The following are the special subjects, with the names of those members to whom has been assigned the duty of preparing reports, and of those who are to discuss them:

I.

"*Changes in Form and Position of the Uterus.*"

(*a*) PATHOLOGICAL INDICATIONS: *To Report*—DR. O. S. RUNNELS. *To Discuss*—DR. L. L. DANFORTH.

(*b*) SYMPTOMATIC INDICATIONS: *To Report*—DR. C. B. KENYON. *To Discuss*—DR. L. A. PHILLIPS.

II.

"*Neoplasms of the Uterus.*"

(*a*) PATHOLOGICAL INDICATIONS: *To Report*—DR. T. G. COMSTOCK. *To Discuss*—DR. R. LUDLAM.

(*b*) SYMPTOMATIC INDICATIONS: *To Report*—DR. S. P. HEDGES. *To Discuss*—DR. A. CLAYPOOL.

III.

"*Nutritive Disturbances.*"

(*a*) PATHOLOGICAL INDICATIONS: *To Report*—DR. E. M. HALE. *To Discuss*—DR. PHILIP PORTER.

(*b*) SYMPTOMATIC INDICATIONS: *To Report*—DR. B. F. BETTS. *To Discuss*—DR. N. SCHNEIDER.

Each writer must furnish to the Secretary of the Bureau one month before the opening of the Institute, an abstract of his paper, whether it be read or not. This is in compliance with a standing resolution of the Institute.

As the subject selected must prove of great interest to the profession, and will, no doubt, meet with a hearty reception from the Institute, you are especially requested to assist the Bureau by presenting as complete a paper as possible. Any additional information regarding the work

of the Bureau may be obtained through the Secretary.

The Chairman, recognizing the importance of a thorough and comprehensive discussion of the various papers presented, trusts you will be sufficiently interested in the report, to give your personal experience in this department.

Other members of the Institute, specially interested in these subjects, are invited to come prepared to discuss them.

An early acknowledgment of this notice is requested.

Respectfully yours,

EDWIN M. HALE, M. D., Secretary.
PHIL. PORTER, M. D., Chairman.

THE RED CROSS CONGRESS.

The fourth international meeting of the Red Cross Society was held last month at Carlsruhe, and in many respects was the most noteworthy conference of the society, which is every year growing in usefulness and numbers. It is to-day one of the grandest humanitarian organizations the world has yet seen—one of which crowned-heads are proud to acknowledge membership. The following interesting letter has been issued by the President of the American Association to the

Societies of the Red Cross of America.—Previous to the departure of the delegates to the International Congress at Carlsruhe, there was addressed to each associate society of the Red Cross in our country, a circular letter giving, so far as possible, the objects of the conference, and such facts as could be known concerning a matter which had not yet transpired.

Now that the conference has been held, and has closed, I take the opportunity to write again confirming what has already been stated, and adding such facts as I trust may not be without interest.

As had been decided the conference met on the 22d of September, in the Representatives Hall of the State House of the Grand Duchy of Baden, at its capital, Carlsruhe. There were present at its opening one hundred and thirty-eight delegates representing nearly every nation within the treaty.

Our own delegation consisted of Dr. J. B. Hubbell, [Hom. Dept. U. of M.], and myself, as governmental delegates. As delegates appointed by the National Red Cross Association, Dr. Lucy M. Hall, physician and professor in Vassar College; Mr. Theodore Krüger, American Vice Consul at Kehl, Germany, and Dr. George W.

Evans, of Paris, known for his excellent humanitarian work in both our own and the Franco-German wars.

There were present, the members of the entire International Committee of Geneva, and the National Committee of Germany.

The conference was opened by the Minister of State of Baden. Count de Stolberg, President of the National Society of Germany, was chosen President of the conference.

Vice presidents and secretaries were elected from the various memberships. America had the honor of a representation on this board, Dr. Hubbell being elected to a seat.

The sessions commenced at 10 o'clock each day with an afternoon session, commencing at 2 o'clock, and many most interesting exhibitions were somehow interspersed, all indicative of the wonderful progress in the direction of humanity.

The Grand Duke and Grand Duchess of Baden, our royal host and hostess, were in constant attendance at the sessions. There were no more interested nor attentive listeners.

The Emperor of Brazil, who was a guest of the Grand Duke, listened with great interest to the debate, and examined very closely all improvements placed upon exhibition.

The questions discussed were such as pertain to the relation which the Red Cross bears to the military, viz., the prevention and relief in all practical ways of suffering from the necessities or barbarities of warfare.

Naturally a conference under a treaty would confine itself to the limits of its treaty, but this did not prevent the most intense interest in the methods pursued by ourselves, under our constitution, in the relief of national calamities outside of war, and in time of peace [the Mississippi inundation, etc.] From having doubted its practical wisdom at first, other nations have come to regard it as not only an acceptable work, but worthy of all imitation. To be known as a member of the Red Cross of America is an honor in a foreign country to-day. * * * We were importuned for a descriptive recital of the civil work of the Red Cross societies of America. It would have been, as you will well realize far too voluminous, if properly represented to be given in the time of any conference, and in place of this, the promise was given, to write it in detail for foreign circulation. This remains an unfinished part of the conference.

Another unfinished topic is a prize of money and twelve medals offered by Her Majesty, the Empress of Germany, for the best inside furnishing of a transportable field barrack. The specifications for this will be duly made and sent to the various national associations, and it will be our pleasure to furnish them at once to our associate societies.

With every confidence, and the strongest of fraternal feeling,

I remain sincerely, CLARA BARTON.

CARLSRUHE, GERMANY, October 15, 1887.

The insignia of the Association has no sooner become a sign of honor that it is degraded by being attached to many articles as a trade mark. "Thus we are met by Red Cross cigars, Red Cross brandy, Red Cross whisky, Red Cross washing machines, Red Cross churns, Red Cross soap, etc.," and to prevent this abuse and protect the sign from such use, the following resolution was presented by the American delegates and was unanimously adopted:

As the civized nations of the world in acceding to the Treaty of Geneva, have thereby accepted its insignia of a Red Cross on a white ground as an international sign of neutrality and humanity in war, we deem it necessary that some action be taken by each government to protect this sign from abuse; therefore,

Resolved, That the International Conference at Carlsruhe, recommend that each national delegation earnestly solicit its government to adopt such measures as it may deem most suitable for making the use of the insignia of the Red Cross of the convention of Geneva of 1864, for any other purpose than that contemplated by the treaty, an offense punishable by such penalty as each government may deem appropriate.

COMMENT AND CRITICISM.

SKEPTICISM OF CONCEIT!

A member of the American Institute of Homœopathy, at the session of 1887, says:

* * * * "I simply refer to one paper that was read on the suppression of eruptions,—that was what especially attracted my attention. I can say honestly that I do not believe in it, because I personally have seen no bad results." * * * * "I still maintain that scabies cannot be cured except by external applications, and notwithstanding all that I have heard from these gentlemen present, and they have been so kind as to think that they could make convincing suggestions, they cannot change my ideas one iota."

The Transactions of the Institute for 1887 have just been received, and on page 587 is found the above extract, which appears in a discussion of papers, read at the late session, on the subject of "Infantile Eczema." And certainly, in that discussion, there appears no more remarkable or surprising statements than these which we have extracted.

It is certainly not a little remarkable that one who has seen so much, and would appear in his public discussions of what he has seen as if he knew all about these matters, has "seen no bad effects" from "suppressed eruptions," when the world is really so full of them. They are to be seen every day and any day by one who has eyes to see what is before him, and these "bad results" are often not so obscure matters as not to be recognized readily by even observers who may be the victims of *amblyopia* of no more than average extent.

Here is one instance of such "bad results" from "external application" to an eruption on the scalp of a child of nine years. The eruption was of the kind which in common language is spoken of as "ringworm of the scalp." The application was bruised leaves of the black walnut tree. The spot on the head denuded of hair, with small herpetic vesicles at its circumference, was described to me as circular and of the size of a half dollar. The bruised leaves were laid on this spot, and the eruption disappeared. The hair returned as it was before the appearance of the disease, and lo! a cure which might greatly please and satisfy old physic and, perhaps, even this member of the Institute, who has never "seen bad results" from external applications to skin diseases.

But this disappearance of the eruption and the reappearance of the hair was almost immediately followed by most violent neuralgic pains, which pierced the bodily trunk in all its parts. They were so violent as to destroy the consciousness of the patient. Her motions were convulsive, and her moans, which were constant, were mingled with cries to her attendants not to allow imaginary beings "to thrust those knives into her." This is but a weak description of the paroxysm for which I was first called to prescribe. She had had many such before I saw her. They came at intervals of a week or ten days. I soon relieved the pains of this paroxysm, but was, after the usual interval, called again to a similar paroxysm, and then to a third and a fourth, and the relief of the paroxysms by the most similar remedy not preventing their return, led to enquiry

sence from the country, and in his first college year, that he contracted what my substitute, in my absence, called scabies. And, apparently, with as little fear of "bad results" as this member of the Institute, or any other uninstructed man, he proceeded to treat this eruption with a plentiful supply of sulphur ointment, well rubbed in. The eruption disappeared, and behold a cure of the *disease*—but what of the boy? It was a notable example of that practice which "treats the *disease* and not the *patient*," though this often, as in this case, is fearfully at the patient's expense. The *disease* was cured, according to the traditions of old physic, but the young man, heretofore an example of young health and vigor, such as rejoices all friends, had never been sick, except as he passed through his experiences of measles, whooping-cough, etc.—the almost necessary accompaniments of young life—but now he emaciated, had embarrassed breathing, with violent cough, with expectoration, loss of strength (he had, before this blundering crime, been counted as the second best gymnast in his college). His mental powers followed the decay of his physical, and it became necessary to take him from his studies, which he was able to resume only after a year of sick-suffering, which was finally conquered and his health restored by a twelve-month of carefully considered antipsoric treatment. Perhaps this character of the treatment may be worth remembering as indicative of the nature of the *cause* of the sickness, and the perfect cure, as witnessing to the wisdom of the choice of the remedies which effected this, and to the truth of the psoric nature of disease, first taught us by Hahnemann. This young man has enjoyed uninterrupted good health since this cure, which was effected in the year 1859.

But this member, while thus exhibiting so unexampled conceit in refusing to listen to those who knew what he confesses he did not, and were thus qualified to be his teachers, goes beyond this refusal of belief in their testimony, and thus declares the impossible—

"I still maintain that scabies cannot be cured except by external applications."

In this assertion he only gives unneeded, but additional, evidence that he is not an omniscient after all. We as confidently affirm that scabies can be, and has been, cured by the internal administration of the most similar remedy, without help or hinderance from any "external application" whatever. We affirm this because *we have seen* such cures. More than this, we have made such cures ourself, and *know* the truth of what we affirm. We are unmindful of the dodge of frequent resort, by a class of doctors who, when brought face to face with facts which disprove their favorite notions or positive affirmations. They deny the correctness of the diagnosis, where results of treatment have demonstrated the falsehood of their notions or affirmations. It does not matter at all to these men who thus defame the intelligence of their peers, that they themselves know absolutely nothing of the cases they thus judge. Their decision—"*wrong diagnosis*"—is none the less positive for this reason. Indeed in some cases, notably in one by this skeptical member of the Institute, it seemed only to be more so. Knowing nothing of the case they know nothing of objections to their creeping out of their difficulty into which *facts* have brought them through this small hole—"false diagnosis." And so they creep and seem satisfied. They seem fully impressed with the consciousness of a monopoly of diagnostic knowledge, and this even when they have given no evidence to others of superiority to their neighbors in this department of knowledge. The peculiarity in their case is only in the falsity of their decisions without knowledge. The worthlessness of such decisions the skepticism of conceit effectually excludes from their view.

"DYNAMIZATION OR MATERIALIZATION."

Editor Advance.—I have received a document with the above caption which was "presented to the Massachusetts Homœopathic Medical Society," a "Reprint from the *New England Medical Gazette.*" It is from the pen of J. P. Sutherland, M. D., editor of said *Gazette.* The writer

does me the honor of paying especial attention to an article of mine which appeared in the ADVANCE for January, 1887. It is very gentlemanly and on the whole fair, but it errs a little in placing me in a "faction" which looks upon dynamization "as a sacred shibboleth." I was really doing nothing more than trying to show the doctrine of the Organon with some recently developed scientific principles rendering the doctrine scientifically possible, which at least look that way, and which, in view of the fact that in Hahnemann's day these principles were mostly unknown, indicated a sagacity little short of inspiration. For this, it seems, I am called a "devout modern commentator." If I seem that way to the writer of the article referred to I shall not quarrel with him on that account. I will venture also to say a little more on the subject of dynamization and materialism, or the transmission of substantial power from one body to another without any material connection as far as "science" can discover.

Perhaps the most tangible illustration is the induction of electricity. Its sudden presence in one medium or conductor from its generator appears in another medium which is not connected with a generator at all, and which has no connection with the primary medium on which it depends,—*must not touch it*, indeed; there must be a non-conductor between, the more perfect the better. Nor is it essential that these two media shall be just alike. The first medium may be copper; the second may be iron; or it may be steel, and in this case the electric force will remain after it departs permanently from the primary medium, long after the generator stops working. May not a drug force be transferred on a similar principle and remain after the primary drug is dissipated and gone? I do not say it does, but do say that science has not disproved it, but on the contrary rather favors it. The only way to know is to try it and see.

Is there drug force left after "science" declares that the original drug is all gone? Is it tangible? Can we feel it without knowing what to look for? Can persons ordinarily do so? Can they select the medicines which contain it

when mixed with blanks? Nothing short of all this, in view of the power of mind upon the body, can establish the doctrine. The rules ought to be fully as rigid here as in the proving of crude drugs. It will not do for a person to take them and then record every abnormal sensation for days, weeks or months.

We are told, in the article of Dr. S., that the dynamic "faction" of the medical profession "scoffs at the revelations of the microscope, chemical re-action, and other tests" of natural science by which discoveries are accepted or rejected. Really! What "revelations of the microscope," or "chemical reaction," ever discovered or established induced electricity?

We are told again that the "materialistic mind," that is, the scientific mind, concludes that "the potential medicinal force of a drug dose is in proportion to the number of medicinal atoms it contains." Who is theorizing beyond science now? When did science discover atoms? The whole atomic theory is a mere hypothesis. It has never been proved by science or by anything else. It is a bare supposition, resting mainly on the fact that chemical elements combine according to certain corresponding weights. Atoms or even molecules have never been discovered. "No glass can reach, no science can define" them.

Nor can science prove that all force is not dynamic, something spiritual or "spirit-like," acting into or through material substance, capable of changing or being transferred from one form to another. The statement that drug-power "resides in drug-matter and can no more be useful on this earth when separated from it, than may be the vital forces or the soul of man when disembodied," is an evasion or misstatement of the dynamic doctrine. There is no claim that drug-force is separated from drug-matter. There is a material drug-medium still in which the force resides, no matter what the potency or attenuation may be. If none of the original is left, there is yet something in place of it. There is no "dematerialized medicine" about it.

Need I repeat that I have not undertaken to prove dy-

namization from science or in any other way? Have merely attempted to show what it is as one of the fundamentals of the Organon, and that it does not conflict with science, by the agency of which its enemies undertake to overthrow it. It may or may not be true, as far as science is concerned. Science cannot touch it as yet; it is out of her reach. I have been careful not to say whether I believe it or not, for the reason that my opinion would amount to nothing as evidence. Nor do I rely upon any other man's opinion, not even that of Hahnemann, on this or any other point. If I cannot see a thing to be true when fairly presented, it is no truth to me. This is why I have tried to show what the Organon teaches, that whoever reads may judge for himself, as I think every person ought to do.

LEWIS BARNES, M. D.

DELAWARE, OHIO.

AN EXPLANATION—NOT AN APOLOGY.

Editor Advance.—My attention was called to "Dr. T. F. Allen's Views upon Homœopathic Practice" in the November issue of *The Homœopathic Physician*, and "I am happy," (as he says *he* is) to be able to congratulate him as being the author of as fuliginous a *lucus a non lucendo* as can be found in our literature.

With your permission, I will deal with this effort of his on another occasion; for "it will give *me* pleasure to defend *my* opinions against *all*—fight as they may. Perhaps I may be able to show Dr. Allen that "opinions" which rest on truth and are buttressed by convictions are not to be blown away by the *imputation* of "unworthy notices;" that an "epithet" may "offend" simply because of its very truth: whether or not I shall "fight fair," *he* is not the one to decide—nor is a "packed jury" of renegade "Homœopaths."

On this occasion, I wish to reach across the broad Atlantic and button-hole "Richard Hughes, M. D., Brighton, England.

I have not seen Dr. Taber's "criticisms," but have read the reply of Dr. Hughes, and finding myself published as

one who withheld certain "provings" from the editor of the *Cyclopœdia*, I incontinently "rise to explain."

That *MS.* was *twice* written for by Dr. Hughes, and one J. P. Dake, M. D., made an endeavor (sinuous and suggestive of the snake) to obtain it by applying, not to me, its lawful custodian—but to the late Dr. E. A. Lodge. To Dr. Hughes my only reply was a significant silence; for Dr. Dake my only reply is a contempt that I have not the cunning to conceal.*

To the profession that has had the best days of my poor life I owe not an appology but an explanation, and here it is :—

1. I have ample evidence that Dr. Hughes did not comprehend Picric acid *out* of the *Cyclopœdia*, and I had no shadow of reason to expect that he could put it intelligently "*in* the *Cyclopœdia*." Why then should I give him my MS. to "monkey with ?"

2. I knew from personal experience that Dr. Hughes in his editorial capacity could misrepresent one, and then refuse to publish a reply that convicted *him* of ignorance. With such an editor one such experience suffices.

3. Knowing the *Cyclopœdia* to be subversive of the only therapeutic art that does not veer with every changing wind of doctrine, I would not aid and abet it in *any* instance.

4. I have known homœopathic physicians who are now in the *lumen siccum* of eternity; I know their probity, I know their practice, I know their puissance, and I have not forgotten their convictions. I am able to measure all manner of Hugheses and Dakes by these dead Anakims, and loyalty to the dead so fills me that there is left for the *Cyclopœdia* only a righteous curse. *I* loan MS. to *it!*

This is all the explanation I have to offer; it rests on "my opinions" of certain facts and phenomena; I have no fear for the fate of these opinions so long as a copy of the *Cyclopœdia* is left to accuse them.

Perhaps Dr. Hughes is pardonable for such errors in Picric acid as have been pointed out. Not having the MS.

* It should be stated that this contempt is for the object of it as an authority in, and an editor of a, Materia Medica.

how could he avoid them? But, in his defense, Dr. Hughes inadvertently reveals the spirit that instigated the *Cyclopœdia*. He admits that he "*reconstructs*" the pathogeneses. That is, in unequivocal English, he gives the pathogeneses *not as they* ARE, *but as Dr. Hughes fancies they should be.* This is the curse that kills the *Cyclopœdia*, and debases those who uphold it; this is the *diabolus ex machina* that is doing for Homœopathy that which all the malignity of the Old School could never accomplish.

Dr. Hughes has access to some of the finest libraries, and Dr. Hughes has acquired the scholar's knack of using the scholar's tools—would to God that he had spent his strength in correcting the textual errors that weaken our confidence in Allen's "*Encyclopœdia.*"

"Reconstruct" pathogeneses! any mere novelist can do such *fancy* work—and yet a *scholar* stoops to such employ—oh, the pity of it! S. A. JONES.

"VALUE OF CHARACTERISTICS."

Editor Advance.—I was much impressed by this article in the November issue.

Dr. B. LeB. Baylies, no doubt wishes to do what is right as far as he knows, and to warn novices against imminent danger. Pope says: "He who smarts has reason to complain." In this case I am one of the injured novices, hence I complain. I am not an old practitioner by any means, or perhaps I should not be a novice, but I have been taught, ever since my birth as a homœopathic doctor, the value of "key-notes" as guides to the selection of the remedy. This method I have rigidly followed and with excellent results and find that the more closely I adhere to it, the less liable I am to alternate.

The last paragraph of Dr. Baylies' article reads as follows: "The only means, therefore, of ascertaining the homœopathic and curative remedy, is not to search for the 'key-notes,' but the study and comparison of all the symptoms." I would like to ask any practitioner, who has any business at all, if this is practical.

The late Dr. Henry N. Guernsey, in his Obstetrics, page 292, says: "And yet the totality of the symptoms will often be indexed by the characteristic symptom on the side of the patient and by the corresponding 'key-note' on the side of the remedy."

How many single repertories have we, or how many collective repertories are there in our list whose covers enclose the multitude, of remedies and symptoms, which is contained in our (homœopathic) literature and how many physicians, destitute of these repertories, have memory enough to retain all the symptoms of, not 850 remedies but, simply six? (Take Aconite, Calcarea or Sulphur, for instance). Don't you believe that a man is better off, who has memorised the "key-notes" of all our remedies, together with as many of the more important symptoms as he can thoroughly master, than the one who tries to remember all the symptoms, good or bad, of the six remedies?

Why did Dr. Allen in his masterly monograph on Intermittent Fever, and Dr. J. B. Bell, to whom the blessings of thousands are due, in his corner-stone monograph, mark the "key-notes" in heavy types and impress and call the prescriber's attention to them if they were of no more value than any other symptom?

I do not approve of prescribing for the single symptom, but as these three cases recently came under my notice I will relate them.

CASE I.—A child, æt. two years: this child, was to all appearances well, complained of nothing, except that when asleep the head (especially the back of the head) would sweat so as to wet the pillow through. This is a characteristic symptom of great value, and the only one present and was cured by Calcarea 6x, four doses.

CASE II.—A girl, fourteen years old, felt well in every respect, except that she was dizzy when going down stairs. Single symptom, but a characteristic of great value. Borax 6x cured.

CASE III.—A man, æt. 26, nervous-bilious temperament, well built. Could only elicit that he was very thirsty and drank little but often. All his food and drink was ejected

as soon as it reached the stomach. Arsenicum 6x cured.

CASE IV.—Not long ago I was called to a case of measles in a child two years old. I could learn nothing satisfactory from its parents. The rash was suppressed, or rather had receded and attacked the chest and was making rapidly to the brain. The mother laid the child down, and as she did so, it clung to her as for life and screamed fearfully. I noticed this and prescribed Borax 6x and saved a life which, had this characteristic symptom escaped my notice, might otherwise have been lost.

Perhaps it would be better for wiser folks to look a little more to the practical "key-notes" of our remedies. If so, they might learn what end these *novices* are trying to gain. These "key-notes," in nine cases out of ten, are the only symptoms that decide our choice as to the single remedy. If this be so, then they are of the greatest importance to a Homœopath and a novice.

ALFRED PULFORD.

ANSONIA, CONN., Nov. 21, 1887.

"TOPICAL APPLICATIONS TO THE ENDOMETRIUM."

Editor Advance.—Perhaps your readers in Michigan may be interested in knowing that Prof. Porter, our new teacher of Gynecology, has given complete satisfaction—in fact, has captured the class and I imagine, surprised himself. He lectures without notes and is as cool as an old stager. The following is an extract from his lecture on:

Applications to the Cavity of the Uterus.—"There is no method of treatment to the uterus more susceptible of abuse and no treatment less efficacious than the so-called "topical applications" to the endometrium. From the time of Simpson, with his fuming Nitric acid and the solid stick of caustic, down to that noble pioneer in modern gynecology, Emmett, there has been a growing demand for less heroic treatment of that organ, now so ruthlessly assailed by man, for all ailments woman is heir to. Would that some of the teachers in our own colleges could pattern after this progressive Allopath and strike from their list such methods of treatment as are now declared by the dominant school, as almost, if not entirely obsolete. Yes gentlemen, we have much to learn in the field of gynecology from our neighbors on this vital question of topical applications to the uterus. The subject to-day is at best but a chaotic mass and it must be one of our duties before the

session is over to sift out the grain from the chaff. There is no branch of gynecology I dread more to approach than the one which we shall consider this morning and if my teaching should be in error, attribute it to my anxiety to present, what, I, in my own experience have found most beneficial. It shall be my aim to occupy, as nearly as possible, a conservative position between that taken by some of my colleagues in other cities and the one adopted by the majority. The former excluding all physical examinations and local treatment, and adhering to the dynamic theory of the action of drugs; and the latter—to the other extreme—relying altogether too much upon the empirical method now so universal in the treatment of these diseases, in the curative effect of remedies from a physiological stand-point. There must be a middle position between these two extremes for us to occupy and now let us carefully search, as we progress in our winter's work, for this happy medium and avoid cultivating bigotry and egotism in a field of study, of which there is no peer in the practice of medicine." X.

When the Professor teaches that, "there must be a middle position between these two extremes," we must take issue with him. There is no "middle position" between right and wrong, the true and the false, law and anarchy, science and empiricism. It is true, many of our homœopathic brethren are at present trying to accomplish the difficult feat of riding two horses, going in opposite directions, at the same time. But their success is not brilliant. It is a thankless task, however, to attempt to mix oil and water; to endeavor to practice both systems at the same time. The process is slow; the result doubtful. Get off the fence, Professor, and teach Homœopathy pure and simple. Pulte is a homœopathic college. We need her graduates to add strength to our school; but to strengthen the school they must practice Homœopathy, not Eclecticism; we have more than enough of the latter already. It must not be said of them as Beecher said of his Deacons: "every one added made it a point to get on his left hand side and thus make him a smaller decimal."

ERRATA.—In our report of case of sunstroke we unfortunately located Dr. Nelson in "Carson City," instead of Canon City; also on the morning of August 19, when the pulse suddenly ran up to 78 at 5 A. M., it fell by 8 A. M. to 48; report made him say, "pulse fell to 78."

K*

EDITORIAL.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."—HAHNEMANN.

"PHOSPHORUS IN THE TREATMENT OF RACHITIS."—This is one of the ponderous questions in modern therapeutics with which, for the last few years, the shining lights of the dominant school have been wrestling. To say that the results have been as unsatisfactory and contradicting as such clinical experiments—in every attempt to treat the disease instead of the patient—must always be, is to state a truism familiar to every true follower of Hahnemann. Apparently it is impossible for our allopathic friends to see that one key will not fit every lock, that one hat will not fit every head, or that any man cannot sit for your photograph. Their practice is founded on error; it overlooks the individuality of the patient, and can never have any but unscientific and unsuccessful results. The *Medical Record* of Oct. 15, thus reports:

It is now about four years since Kassowitz published his first report, noticed in these columns at the time, of cases of rickets treated by the exhibition of phosphorus in small doses in solution in cod-liver oil. This report was of the most encouraging nature, and, allowance being made for the enthusiasm of the writer, was apparently so conclusive of the value of this remedy as to lead many others to give it a trial in their private and hospital practice. The medical journals since that time have been filled with the reports of these experiments, and with the more or less conflicting opinions as to the efficacy of the drug in this disease.

One of the first to adopt this treatment was Guidi, of Florence, who reported a number of cases in which excellent results were obtained by the employment of phosphorus. After him came Sigel, Boas, Betz, Escherich, Hagenbach, Soltmann, Toeplitz, and many others, all of whom were loud in their praises of this mode of treatment. Petersen, of Kiel, reported upward of two hundred cases of rachitis treated with phosphorus. The cases were followed up for a long time by means of personal observations and correspondence with the parents, and in none of them did he fail to obtain a cure of the malady. Canali, of Parma, has also treated a number of cases after this plan with almost uniformly good results. The results obtained by these observers were very striking There was a marked improvement in the general condition of the

children; the diarrhœa was in many cases speedily checked, dentition was accelerated, the attacks of laryngismus stridulus became less frequent, and soon ceased entirely, the bones became firm, and the patients were soon enabled to stand erect and walk, where before their weakened limbs had refused to support them.

All the reports, however, are not of this favorable nature. Weiss, Monti, Baginsky, Torday, Schwechten and others have reported negative results, and even injurious effects from the employment of phosphorus in rickets. The unfavorable symptoms said to be caused by the administration of this drug are chiefly diarrhœa and digestive troubles. The weight of evidence, however, is thus far strongly on the side of the advocates of phosphorus.

* * *

But experiments of a similar character are not confined to our all-wise brethren of the allopathic school. Was not Dr. Fleischman's attempt, in the Vienna hospital, to cure all cases of pneumonia with Phosphorus, of a similar character? Did not Dr. Dittmann, of St. Petersburgh, recently request a hospital ward set apart for him, where he could treat diphtheria with Mercurius cyanatus 30th? The following mercurial treatment of gonorrhœa advocated by Dr. T. F. Allen, is none the less to be deprecated because practised by the Prof. of Materia Medica and Dean of a homœopathic college. The name does not affect the thing; the experiment is none the less misleading, none the less devoid of law because taught by a homœopathic teacher:

He who in these days will not wash out with distilled water and one five-thousandth of a grain of corrosive Mercury a fresh case of gonorrhœa and cure his erring brother in twenty-four to forty-eight hours, must give up the treatment of such diseases. The fact that one in a hundred gets an orchitis or rheumatism shows rather that the water was too cold than that the cleaning out of a poison which is unclean and purely local caused a suppression of sycosis or any other -osis. But we do not know much about these poisons which get into us and ferment in our blood and tissues when we are below par. What I think is that, unless we know definitely all about it the best plan is to treat our patients carefully and homœopathically, but when we do know something about it, expel the intruder first.

Are not our journals filled with similar trash? Because diseases are treated by professed Homœopaths with homœopathic remedies, even in the 30 and 200 potencies, the

With the latter the non-specialist is most concerned. It consists of the following chapters: How to Examine the Insane, The Differential Diagnosis of the Forms of Insanity, the Recognition of Simulation, The Physical Causes of Insanity, The Psychical Causes of Insanity. The Medicinal and Dietetic Treatment of Insanity and The Psychical Treatment and Management of the Insane. These subjects are well, even elaborately discussed, the language is clear and forcible and the author's aim appears to be practicality

---

HUMANITY: A POEM. By William Tod Helmuth. New York: E. P. Dutton & Co., 1887. Illustrated. Price, $1.25. To be had at all Pharmacies.

We briefly alluded to this beautiful work of the book-makers art in our last issue. The author divides it into two parts "A vision—a Reality." In the former, St. Luke, "the loved physician arose" and repeats the "old, old story" that humanity, as well as skill, is required in the ideal physician. The "Reality" is the touching, yet beautiful story of Surgeon Langdon, mortally wounded while nobly doing his duty on the field of battle, yet who lives long enough to attend the wounded soldier beside him, although his bitterest enemy. We can give our readers no better idea of its grace and beauty than by quoting the following:

Amid the groans of wounded,
Or loud, triumphant yells,
Courageous in his duty,
Calm in his sense of right,
Amid the crash of cannon,
And thunder of the fight,
He gave the wounded comfort,
To suffering men his aid,
On many a gash of sabre
His gentle hand was laid.
His presence cast a halo
O'er ambulance and tent,
And voice and eye spoke blessings
Wherever Langdon went;
Till bending at his duty,
The foremost in the line,
A murderous missile, straying,
Went crashing through his spine.

This would make a most acceptable Christmas gift and should grace the table of every Homœopath.

VASO-RENAL CHANGE *vs.* BRIGHT'S DISEASE. Or sixty years further study of the pathological process first observed by Dr. Richard Bright. By J. Milner Fothergill, M. D. New York: G. P. Putnam's Sons. Pp. 219.

This work is written in the author's most entertaining, even charming style, and those of our readers who are at all familiar with his writings, will know just what this means. Bright, sparkling, full of interest, at times almost dramatic, he captivates the reader at once. So much for the style: but what of the contents?

The first sentence in Chapter I, evidently sounds the author's objective: "'So long as a disease carries a man's name it shows we know little about it,' was the remark of Sir James Paget, to the writer of this monograph, when discussing its subject matter with him, preparatory to writing it." But we fail to see how the distinctive pathological lesions of the renal organs, as first described by Dr. Bright, can be made more clear or distinctive, under the high sounding title of "Vaso-Renal Change." To be sure, Dr. Fothergill has added a new theory, viz., that these changes are attributable to gout or occur in the gouty diathesis, which we do not think he has proved—yet this only adds another perplexing problem in the labor of the therapeutist. It is only another theory, with which the general practitioner has to contend, another load to carry.

Again, in the Preface, the author says: "Of the necessity for some other term than 'Bright's Disease' in the present state of our knowledge, no question can exist." But Hahnemann says: "The physician's highest and only calling is to restore health to the sick." How does the change of name from "Bright's Disease" to "Vaso-Renal Change," or the change of theory to gout, help us to cure the sick? Study Hahnemann's Chronic Diseases and you will find a better theory than gout and a safer mode of practice than is here outlined. This book is well written, and well printed but we fear it will add very little to our therapeutics.

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Hegel's Æstheties. By J. S. Kedney, S. T. D.

Kant's Ethics. By Noah Porter, LL. D.

Hegel's Philosophy of the State and of History. By George S. Morris, Ph. D., University of Michigan.

We congratulate the publishers upon this most excellent series, containing as they do the brightest gems of German philosophical thought, not only rendered in acceptable English but in a mode of thought capable of being comprehended by those not specially trained in metaphysics or philosophy. But it is with

Hegel's Philosophy, the last of the series, we are most pleased. In this work Professor Morris has proved himself not only a master of German philosophy, but a clear and concise writer. He has conferred a lasting benefit on the American student by clearing up and rendering attractive a most difficult and abstruse subject. He has not only done justice to Hegel, but has made the mastery of the best of all his works a comparatively easy task.

FAULKNER'S HOMŒOPATHIC PHYSICIAN'S VISITING LIST. Second edition. Boericke and Tafel: New York and Philadelphia. 1888.

This visiting list is very popular. It contains a calendar from 1883 to 1890; an obstetric calendar; poisons and their antidotes; Hall's ready method in asphyxia; 81 pages of a practical pocket repertory; and a visiting list for 40 patients a week, with daily engagements on one leaf and a prescription record on the opposite one. It is one of the best on the market.

THE LITERARY REVOLUTION: John B. Alden, Publisher, 393 Pearl street, New York.

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THE PHYSICIAN'S VISITING LIST for 1888. Philadelphia: P. Blakiston, Son & Co.

This is the 37 annual edition and not only contains the useful and practical features of former editions, but new ones have been added; the chief of these are two pages of aids in the diagnosis and treatment of the more common superficial affections of the eye. It is the most conpact visiting list we have seen.

THE DECEMBER CENTURY opens with a frontispiece portrait of Lincoln from a photograph made about the time of his inauguration. The historical sketch begins with Mr. Lincoln's departure from Springfield, and includes an authentic account of his farewell to his neighbors, and the speeches at Indianapolis, Columbus, Steubenville, Trenton, Philadelphia, and Harrisburg. An exact statement of the facts in regard to Lincoln's secret night journey

through Baltimore is given, accompanied by unpublished letters from Seward, Scott, and General Stone. The circumstances attending the revision of the inaugural address are related with particularity, the text of that document being printed in full, with the references to Mr. Seward's suggestions for alterations in foot-notes, so that the reader may see which of these suggestions were adopted by the President and which rejected. The comparison is very interesting. The famous closing paragraph is printed in fac-simile, accompanied by a similar reproduction of Seward's suggestion for the same paragraph. This "Life of Lincoln" is alone worth a year's subscription.

THE contents of the Holiday issue of the *Magazine of American History* are diversified. "Our Country Fifty Years Ago," by the editor, presents a series of quaint pictures made at the time, and never before published in this country, together with incidents in connection with the journeyings of Lafayette in 1824 and 1825. "Stephen A. Douglas and the Free Soilers," by A. W. Clason; "Aaron Burr: a Study," by Charles H. Peck; "A Winter's Work of a Captain of Dragoons," by General P. St. George Cooke, of Detroit, gives the reader new light concerning the movement of troops in New Mexico in 1846; "Notes from Harvard College," by Rev. Hency C. Badger, furnishes interesting data, touching upon the physical basis and intellectnal life of Harvard. The December number is a beautiful specimen of the printer's art—not a dull page in it.

THE ST. NICHOLAS for December contains many good papers, but "Santa Claus in the Pulpit," by Rev. Washington Gladden, reveals the welcome old saint in a new rôle.

EDITOR'S TABLE.

Note change of Business Management on Page 582.

THE *California Homœopath* will appear as a monthly January, 1888, "enlarged and otherwise improved." Success to our contemporary of the Golden Gate.

THE *Clinical Review*, we fear, has stranded on the rock—nonsupport, both literary and financial. One energetic man, the editor, may publish a journal and pay for the privilege, but he can generally employ his time more profitably studying the Materia Medica.

A TEMPERANCE MEDICAL JOURNAL will be published by Dr. S. F. Smith, of Louisville, Ky., as soon as he receives pledges for 1000 copies. It is to be a 24-page weekly, at $2.00 per year.

MR. W. A. CHATTERTON, NO. 9 CANAL STREET, CHICAGO, has assumed the Business Management of the Advance, and in future all Subscriptions and Advertisements must be sent to him direct.

MARRIED, September 28, 1887, at the residence of the bride's parents in St. Louis, Mo., Miss Theresa Palmer and C. H. Eyermann, M. D.

MARRIED, Thursday evening, November 24, 1887, Helen Gertrude Cooley to Dr. Lemuel Martin Roberts (U. of M. '82,) Brainerd, Minn.

DR. J. E. WINANS, of Lyons Farms, N. J., was made in our November number to reside at New Brunswick, N. J. The paper was read at the latter place, that is all.

HULDA H. SHEFFIELD, M. D., of Napoleon, Ohio, died Nov. 19 of peritonitis. She graduated at the Cleveland Homœopathic College in 1877, and was in her sixty-seventh year.

GEORGE H. CARR, M. D., of Galesburg, Ill., died Oct. 23, 1887, after a ten months' illness. He was an earnest student of Materia Medica, a careful and close observer, a very successful prescriber, and a Hahnemannian in practice. In his early death our school has lost one of its best working members.

DR. JOSEPH MEYER, of the University of Berlin, and an author of some repute, died very soon after Langenback.

DR. VAN LANGENBACH. the author of one of the best set of anatomical plates ever produced, and an extensive contributor to the current medical literature of the day, died at Wiesbaden, September 30.

C. T. STERLING, M. D., has been appointed Professor of Ophthalmology and Otology in the Homœopathic Department of the University of Michigan, vice D. J. McGuire, M. D., resigned on account of ill health. Dr. McGuire is now in Passadena, Cal., to spend the winter.

DR. H. W. CHAMPLIN, of Chelsea, Mich., after six years of hard work, has decided to take a well earned rest. He will spend the winter in the hospitals and colleges of New York and Philadelphia, locating in the east when he again resumes practice. This leaves a fine opening and an established practice for some good Homœopath.

A GYNECOLOGICAL INSTITUTE has been opened at 5506 Jefferson Ave., Chicago, by Drs. Lucy Waite and Clara W. Peaslee, for the treatment of the diseases of women exclusively. The best surgeons in Chicago operate in cases requiring surgical interference, and chronic cases which cannot be treated properly or successfully at the home of the patient are especially solicited.

The Southern Homœopathic Medical Association meets in New Orleans, December 14, 15 and 16.

See our Clubbing rates for Periodicals on Advertising Page 26.

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VOLUME XIX. NOV., 1887. NUMBER V.

THE Medical Advance

H. C. ALLEN, M. D., Editor.

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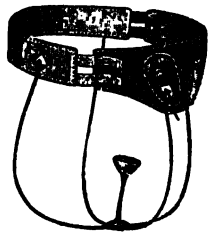

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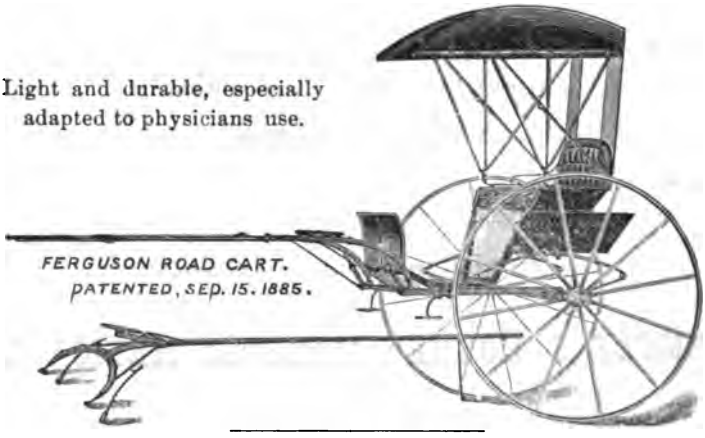

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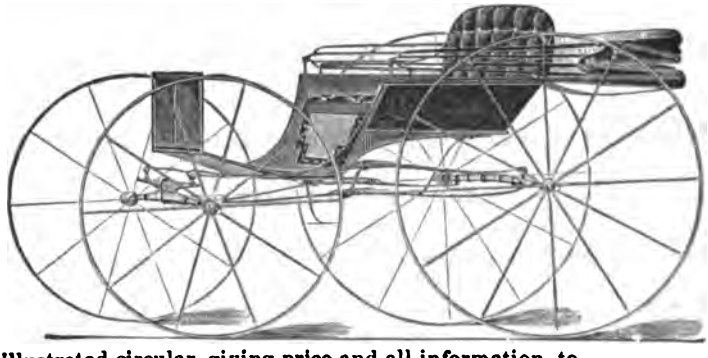

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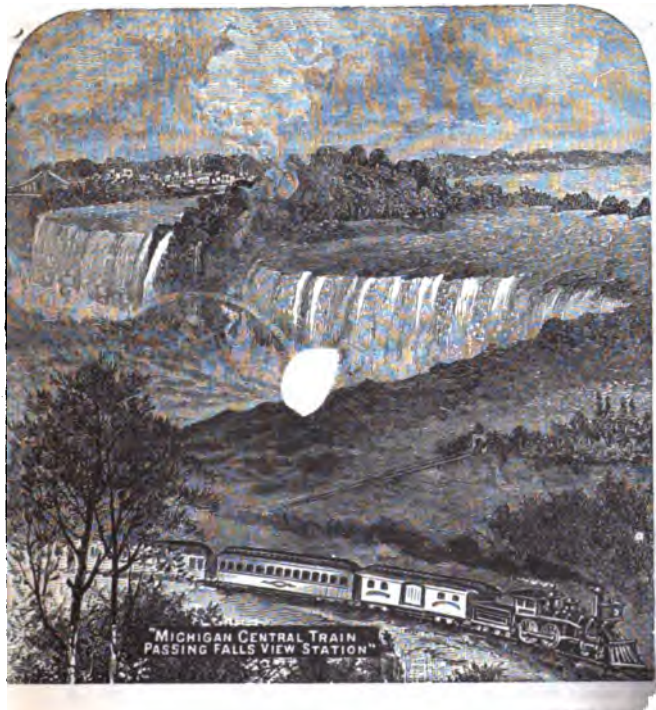

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About Some Triturations.

The manner in which a "cheap" pharmacist surmounts the "pecuniary obstacle" is quite striking. Quoth he, "*According to Hahnemann's Rule—one hour to each 100 grains—it requires seventy hours of continuous work with mortar, pestle and scraper, to make one pound (7,000 grains) of trituration.*" This is the "pecuniary obstacle" of the vendor of "cheap" triturations, and it is surmounted" *By the aid of a two-horse-power gas engine and improved triturators*," whereby "*the cost of making one pound of trituration—one hour to each one hundred grains—is reduced to seven cents for power and eighteen cents for skilled attendance.*" Long and thoughtfully have we pondered over this brilliant surmounting of the "pecuniary obstacle" and yet, like the man in Ruddygove, we cannot but feel that "there is a fallacy somewhere if we could only see it." We cannot, of course, tell the surmounter that he has indulged in a little tarrididdle, but cold figures say: At "*one hour to each hundred grains*," it would take 7 days of 10 hours each, to make 1 pound of trituration, and the "skilled" attendant would get 2 4-7 cents per day for his labor, and the gas-works 1 cent per day for power. This calculation is based on the work of one machine. The alternative is, that to earn even the pittance of $1.00 per day, the "skilled" attendant would have to supervise something over 35 machines, and the cost of running all this machinery would be about 30 cents per day.

We frankly confess that the "cheap" ones are too much for us; their mathematics, their prices for "skilled" labor, and power, are bewildering, and in the prices at which they find a profit we cannot see cost of goods made in our old-fashioned way. However, we have no cause of complaint; a very considerable number of the most successful physicians still use our medicines, and, *mirabile dictu!* their number is steadily increasing. We shall continue our old policy of making quality, purity and accuracy our primary considerations. Physicians wanting goods of this nature can always have their orders promptly filled at any of our pharmacies.

BOERICKE & TAFEL,

NEW YORK, PHILADELPHIA, BALTIMORE, PITTSBURGH, WASHINGTON, CHICAGO.

☞BUSINESS ESTABLISHED IN 1835.☜

TABLETS. TABLETS. TABLETS.

———:o:———

TABLETS are most uncompromising detectors of poor triturations; no matter how finely powdered the sugar of milk is, it will, untriturated, or poorly triturated, make a rough looking, rough surfaced tablet, with rounded edges and one that will crumble easily; in other words, it will be "cheap," or rather low priced, for often what is low priced, especially in medical goods, is very expensive in the long run. The best tablets are made from thoroughly triturated sugar of milk which only will make a neat, handsome tablet, with a smooth surface and sharp edges. All of our tablets are made from such triturations. Another distinguished feature in them, or, more properly, in their manufacture, is the use of glass moulds, for to the best of our knowledge, we are the only makers who use such, and we use them because experience has demonstrated that the abrasion of the sugar of milk on the commonly used hard-rubber moulds contaminates the tablet with the rubber and its sulphur, and that this is considerable is shown by the fact that these rubber plates or moulds soon show marked signs of wear. This is a consideration that physicians should not lose sight of.

We will send our tablet list on application; also our Physician's Price Current for 1887, a handsome work of 137 pages compacted of information. Address any of our Pharmacies.

BOERICKE & TAFEL,

Homœopathic Pharmaceutists,

PHILADELPHIA, NEW YORK,
CHICAGO, BALTIMORE,
PITTSBURGH, WASHINGTON.

ESTABLISHED IN 1835.

ABOUT TRITURATIONS.

According to Hahnemann's rule—one hour to each hundred grains—it requires seventy hours of continuous work with mortar, pestle and scraper, to make one pound (7,000 grains) of trituration.

Experiment has shown that this is the minimum period of trituration which will insure reduction of insoluble drugs to a degree of fineness which gives a reasonable warrant of therapeutic activity.

At the rate of $1.00 per day for manual labor, the work of making one pound of trituration would cost $7.00, saying nothing of materials and packages. How then is it possible for a pharmacist to give full time to each trituration and make a living profit in selling finished goods at less than $7.00 a pound? It is plain that this is difficult to accomplish by honest hand trituration. So, under the specious pretense of increasing the time devoted to trituration, a new rule has been adopted by the "leading" pharmacists, which allows 1,000 grains to be made in 44 minutes, or one pound in five hours and eight minutes; thus reducing the cost of the labor to 51 cents for each pound. See "*British Homœopathic Pharmacopœia*, Ed. 3, page 27. The "*American Homœopathic Pharmacopœia*" goes even further in this reduction of cost by throwing off all limits of quantity in making the decimal triturations. That this error has obtained a considerable following, is proved by the fact that fourteen "reliable" pharmacists sold in 1886, Mercurius vivus 2x, which had not received the equivalent of five minutes grinding according to the method of Hahnemann.

I have found what I believe to be a better way of getting over the pecuniary obstacle to the use of thoroughly triturated drugs. By the aid of a two-horse-power gas-engine and improved triturators, the cost of making one pound of trituration—one hour to each hundred grains, is reduced to seven cents for power and 18 cents for skilled attendance; a total of 25 cents for labor.

This explains how I can reasonably offer certain of these triturations at the rate of:

$1.00 for a twenty-ounce bottle, containing one pound by weight, or
$ .35 for a six-ounce bottle, containing four ounces by weight.

LEWIS SHERMAN,
171 Wisconsin Street,
Milwaukee, Wisconsin.

Send for List and mention this journal.

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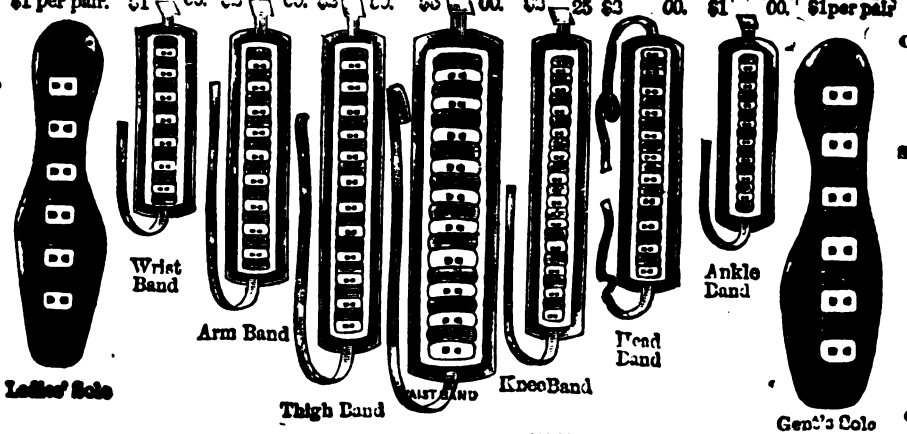

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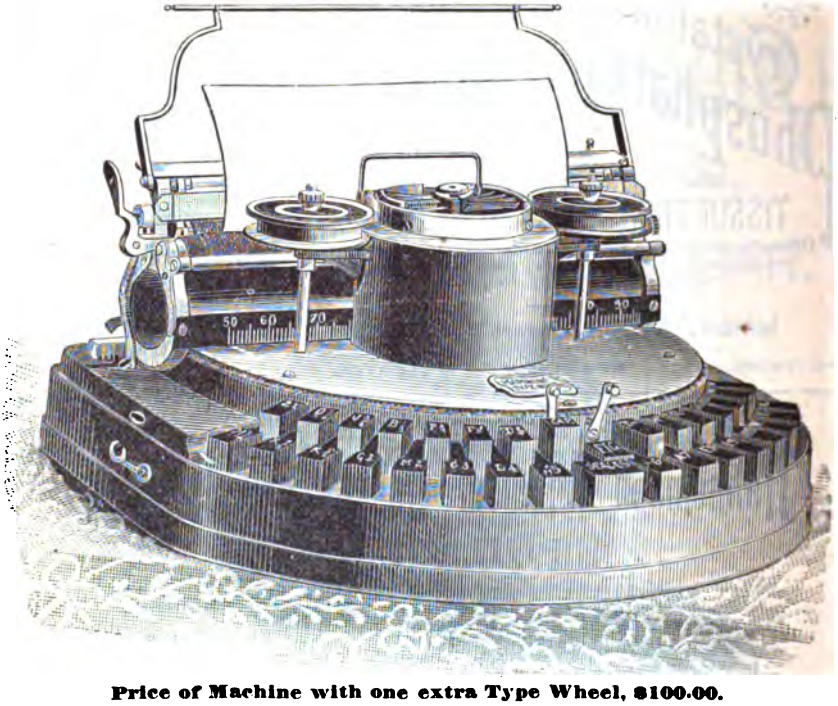

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Is the only Infants' Food manufactured that perfectly nourishes the child without the addition of cow's milk. We do not except the so-called milk Foods for they contain but a *very small per centage* of the solid constituents of cow's milk. Most of the credit given to prepared foods belong to cow's milk, which must be added to them or the child would starve.

Carnrick's Soluble Food is composed of about equal proportions of the solid constituents of cow's milk, partially digested, and wheat flour, the starch of which is converted into dextrine and soluble starch.

Thomas H Rotch M D., Instructor in Diseases of Children, Medical Department of Harvard University, in the Boston Medical and Surgical Journal, Sept. 29, 1887, says: "Cow's milk is the universal menstruum of infant Foods all over the world, and is the *actual Food* which the infant is getting; hence it is irrational and unfair to speak of and give the credit to the various artificial foods, when we really should speak of cow's milk, with its modification to a greater or less degree by certain adjuvants under the name of infant Foods, which all supply about the same variety of ingredients in common; such small amounts of these ingredients as to be of little benefit in nourishing the infant, *and would not nourish it unless aided by cow's milk.*

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Is the most concentrated and easily digested nutrient that has ever been introduced to the medical profession. Beef Peptonoids in the form of a powder is not a pure peptone, only one fourth being digested. We are confident that you will find Beef Peptonoids in all cases where you desire a concentrated and easily digested food superior to any preparation in the market, or that can be prepared in the household.

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Prof. Attfield says of Beef Peptonoids) "It is by far the most nutritious and concentrated Food I have ever met with."

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Is presented in the form of an elegant Cordial, containing twenty per cent of spirits. Its nutritive constituents are wholly digested. It will agree with patients who reject all other foods.

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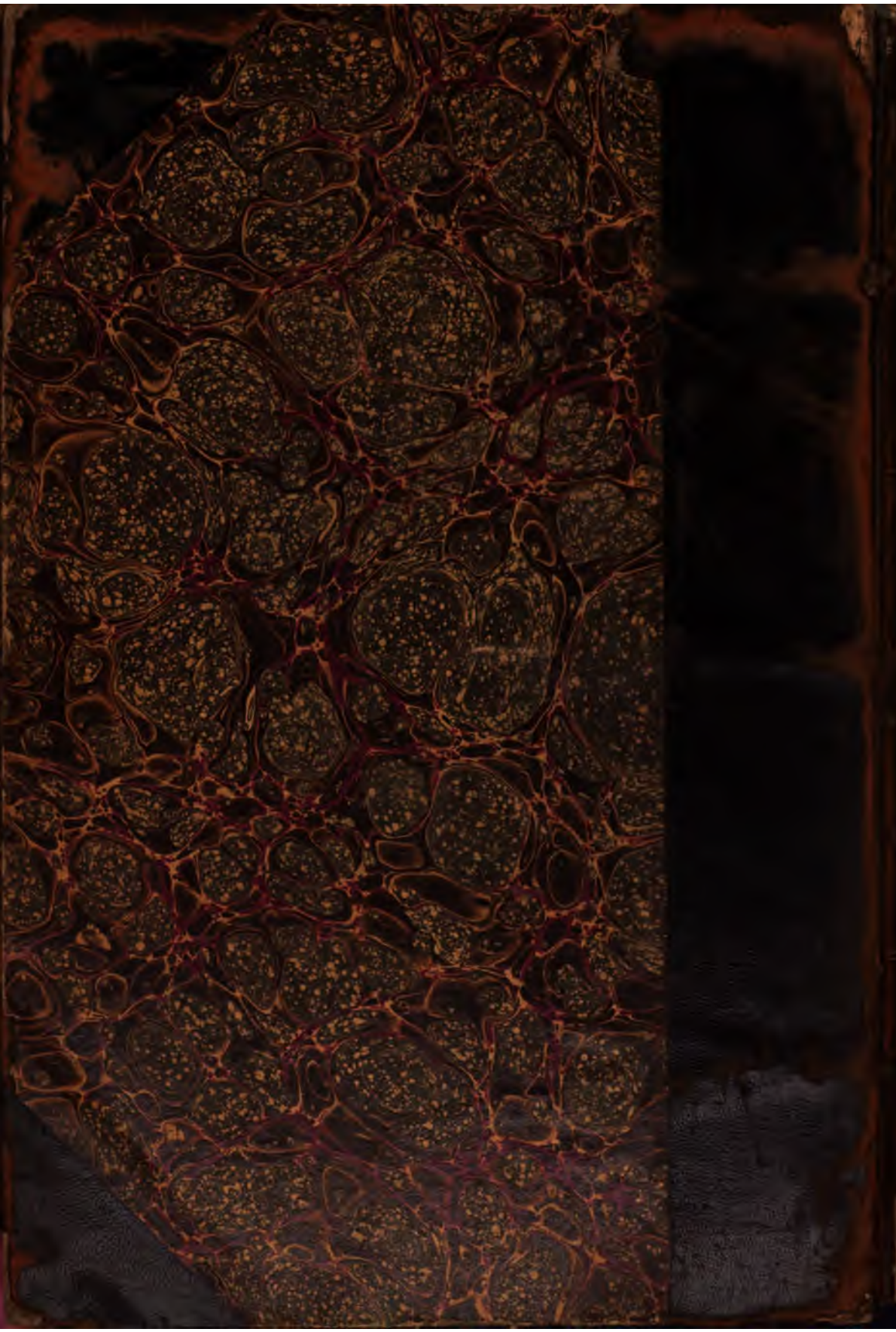
Is Superior to Other Preparations of Cod Liver Oil;

Because the *division of the oil globules is from twenty to one hundred times* finer than any other preparation of Cod Liver Oil ever produced, and consequently brought nearer the condition required for assimilation.

It is predigested, and is, therefore, more easily retained by weak and enfeebled stomachs and eructations are less liable to follow. Samples sent on application by

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